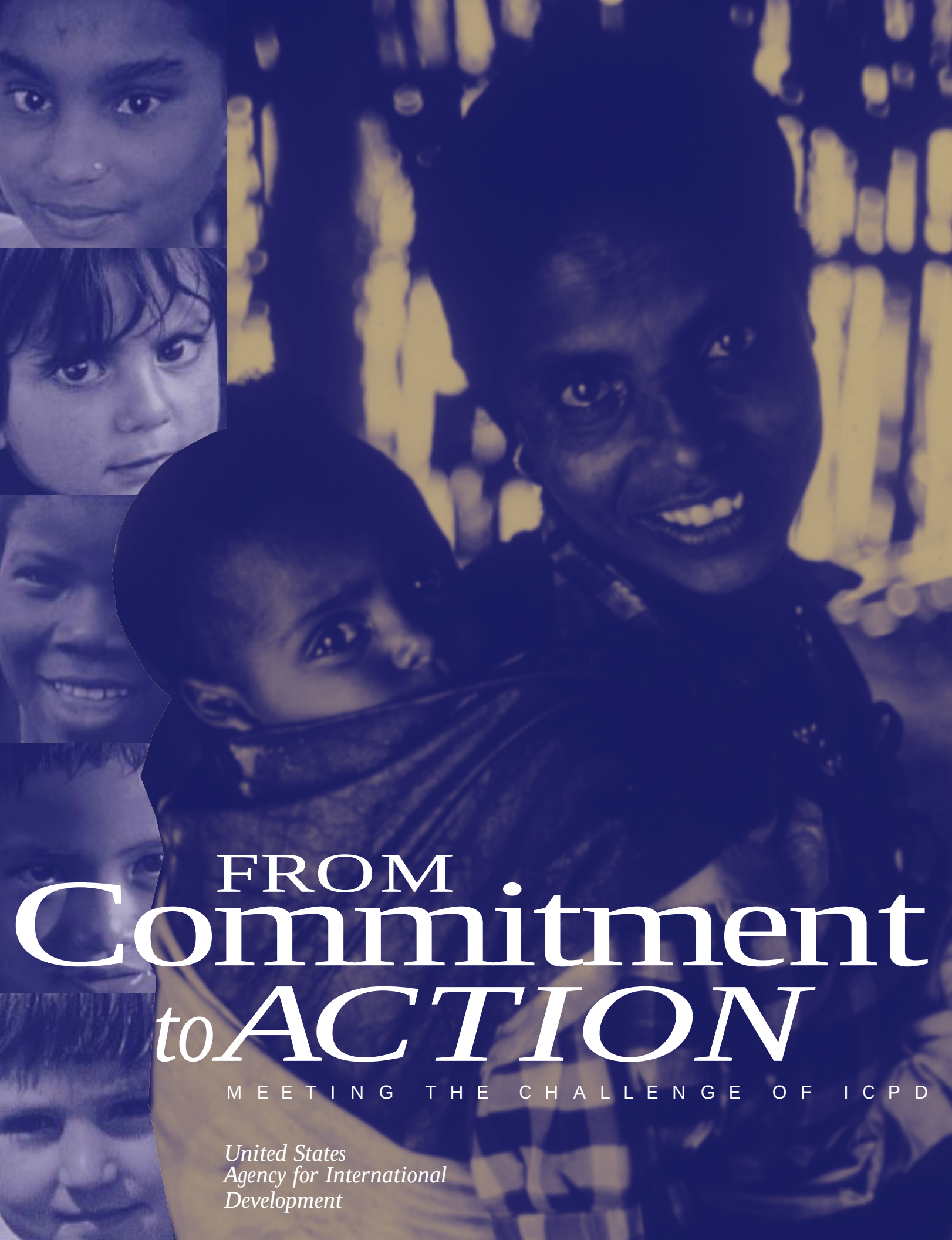

FROM Commitment to ACTION

MEETING THE CHALLENGE OF ICPD

United States Agency for International Development

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Contents

About This Report

In 1994, the United States participated with 179 nations in the International Conference on Population and Development (ICPD) held in Cairo, Egypt. Despite the complexity of the issues before them, participants reached an unprecedented consensus on a comprehensive 20-year Program of Action designed to achieve gender equity, improve reproductive health, and stabilize population growth. Key recommendations include a call for universal access to family planning and reproductive health services, and for specific measures to advance the economic, educational, legal, and health status of women.

The Program of Action also affirmed the interdependence of global population, development, and environmental changes, and, in the words of the ICPD Secretary-General Nafis Sadik, it marked "a new era of commitment and willingness on the part of governments, the international community, the nongovernmental sector and concerned organizations and individuals to work together on integrating population concerns into all aspects of economic and social activity in order to achieve a better quality of life for all individuals as well as for future generations."

USAID has prepared this report as a contribution to "ICPD+5," a process led by the United Nations to review global and country achievements since ICPD and identify future challenges. The report highlights the range of USAID programs in family planning, reproductive health, and women's empowerment, and the progress that has been made toward meeting the goals of the ICPD Program of Action. Behind each of the brief accounts contained in this report are partnerships involving U.S.-based organizations, other donors, host country governments, and local nongovernmental organizations, too numerous to identify individually. Contact information for many of USAID's partners can be found at the back of this report.

Executive Summary

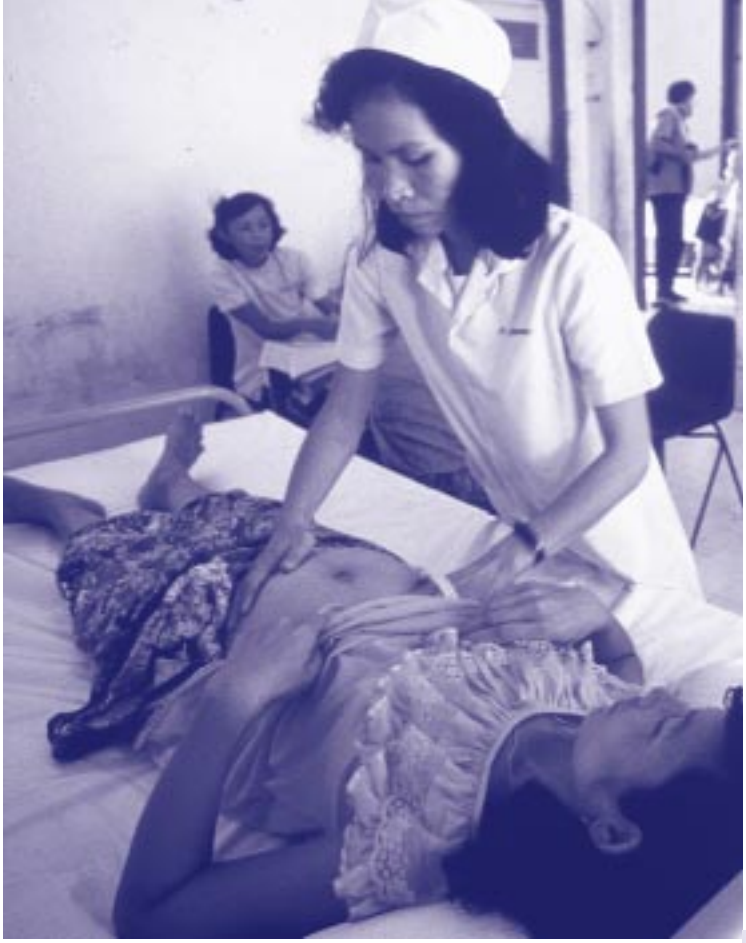
USAID and its family of development partners are proud of their achievements leading up to, and since the 1994 International Conference on Population and Development (ICPD). This report examines USAID's progress in helping to implement the 20-year recommendations of the final conference document, the ICPD Program of Action. Though the report focuses on the ICPD core objectives in reproductive health, gender equity, and population stabilization, USAID programs in other areas — economic development, environment, democracy building, and child survival among them — all support the ICPD vision of sustainable development and quality of life for all people.

As the largest bilateral donor of development assistance, USAID plays a critical role in helping countries achieve the goals set in Cairo. Working in partnership with an impressive team of U.S.-based nongovernmental organizations (NGOs), universities, private businesses and other government agencies, USAID offers more than 30 years of experience in population and health programs throughout the developing world.

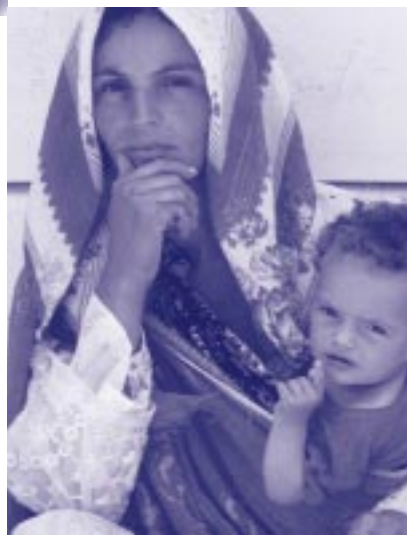
Reproductive health programs funded by USAID train health workers, provide services, design innovative media and communications campaigns, and develop and market improved contraceptives and other health products. Women in development programs include training and technical assistance in a wide range of areas that enhance women's education, income, legal, and political status. Contributing to all of these activities is support for research, data collection, and evaluation needed for informed decision-making and more effective programs.

Since ICPD, from 1994 through 1998, USAID committed more than $3 billion to programs in population and reproductive health in developing countries and $2.5 billion more to programs that promote women's advancement in the economic, environmental, social, legal, and political spheres. Highlights of USAID-supported programs include:

■ **Expanding the choice of contraceptive methods.** In Uttar Pradesh, one of the poorest and largest states of India with a population of 150 million people, almost exclusive reliance on sterilization has been reduced by training more than 10,000 additional community health workers to provide alternative contraceptive methods. By contrast, in Tanzania, 100 health facilities throughout the country now offer a broader range of family planning methods, including safe voluntary sterilization, a procedure virtually unknown ten years ago.



■ **Promoting improved quality of care in family planning and reproductive health services.** New standards for service delivery — where the needs of clients come first — have been adopted in 32 countries. In Egypt, through a program to improve the quality of care, more than 1,200 government clinics now display a "gold star" as a sign that they have met required standards. A "quality seal" program in Brazil is having similar success.



■ **Making contraceptives available.** Since Cairo, USAID has provided $244 million worth of contraceptives to over 300 family planning and reproductive health programs in 110 developing countries.

■ **Providing emergency treatment for the complications of unsafe abortions, together with family planning information and services to prevent repeat abortions.** Post-abortion care research and training is underway in more than ten countries, while pilot projects in Egypt and Kenya are now being expanded nationwide.

■ **Ensuring safe deliveries and promoting maternal health.** In Nepal, a Safe Motherhood Network has created community awareness of safe pregnancy practices nationwide. In Indonesia, thousands of village midwives have been trained in life-saving skills and an innovate post-partum outreach program has been established.

■ **Developing new approaches to prevent and manage HIV/AIDS and other sexually transmitted diseases.** In Uganda, a comprehensive approach to HIV/AIDS prevention among young women has led to a delay in onset of sexual activity and safer sex behavior, and a dramatic 35 percent decline in new HIV infections.

■ **Integrating reproductive health services.** Major country programs in Bolivia, Egypt, Ghana, India, and Peru, among many others, integrate family planning and other reproduc-

tive health activities. In Bangladesh, USAID has committed $210 million to help implement an ambitious nationwide initiative to provide integrated health services, including family planning, maternal and child health, and prevention and management of HIV/AIDS, as well as referrals for other family health needs.

■ **Working with women's networks to link reproductive health with other initiatives aimed at enhancing women's education, income-generation, and political participation.** In Nigeria, women's health organizations have formed over 60 "100 Women Groups" which in turn have mobilized over 100,000 women to vote, while increasing use of family planning and reproductive health services. In Peru, more than 100 community organizations have worked with women to identify their priority reproductive health needs and increase their access to services while helping them in such areas as microenterprise loans and political participation.

■ **Promoting girls' and women's education.** In Malawi, a community-based program increased girls' primary school enrollment from 50 to over 80 percent, with similarly dramatic results achieved in Guinea.

■ **Leveraging the resources of the for-profit commercial sector.** In Brazil, a $1.2 million investment by USAID to introduce the injectable contraceptive, Depo Provera, leveraged an investment of $1.4 million from Pharmacia & Upjohn/Brazil, expanding the choice of affordable methods available to Brazilian women.

■ **Expanding partnerships with NGOs.** CARE programs in family planning and reproductive health, which began with USAID assistance in eight countries, are now working in 33 countries. Several of these programs link reproductive health with CARE's ongoing community-based environmental conservation efforts. The new "NGO Networks for Health" project unites, for the first time, Save the Children, CARE, the Adventist Development and Relief Agency, Childreach/Plan International, and PATH in an effort to expand access — through their community-based programs — to family planning, maternal and child health, and HIV/AIDS prevention.

Despite the accomplishments of these and many other programs supported by USAID, the challenges ahead are daunting. Needs will be even greater as the children of today in developing countries — 1.8 billion under age 15 — become young women and men, and start their families. Achieving the 20-year goals set in Cairo depends on actions taken now. USAID intends to sustain its strong commitment to these goals.

Challenges in the New Millennium

"Clearly, family planning saves lives, enhances the well-being of women and their children, and prevents the tragic recourse to abortion. International family planning also serves important U.S. foreign policy interests: elevating the status of women, reducing the flow of refugees, protecting the global environment, and promoting sustainable development which leads to greater economic growth and trade opportunities for our businesses."
— Madeleine Albright
Secretary of State

Many couples in the developing world lack the means to exercise a basic right that most Americans take for granted: the right to choose the number and timing of their children.

Although family planning services are more widely available than ever, more than 150 million married women (aged 15-49) in the developing world still want to space or limit childbearing but do not have access to modern methods of contraception, and the number of reproductive age couples is expected to increase by at least 15 million each year.

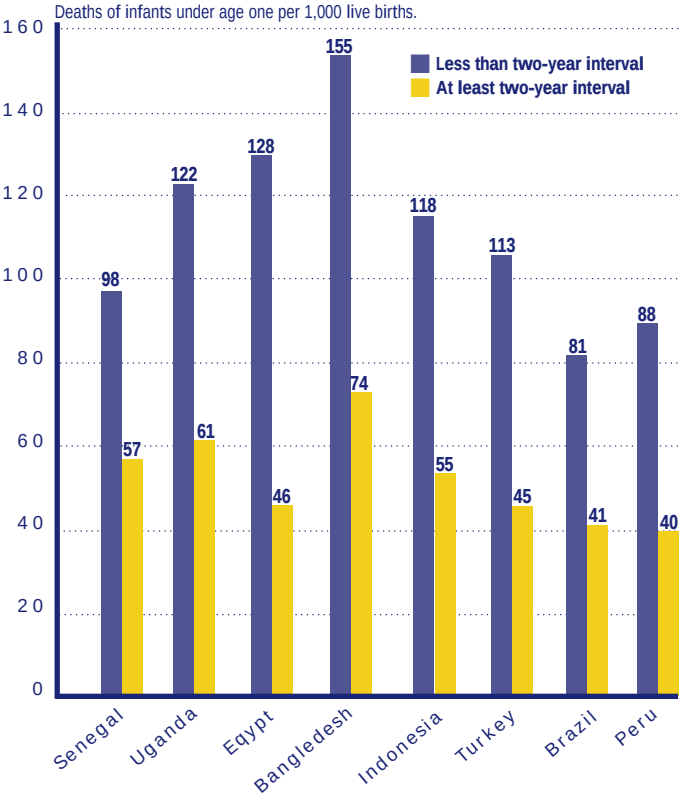
In the developing world, limited access to family planning has serious consequences for human life. Millions of mothers and their children die each year due to complications from births that are too close together or too early or too late in a woman's life.

As the figure below helps to show, family planning can save millions of lives. And programs that address family planning, maternal and child health, and prevention of HIV/AIDS and other sexually transmitted diseases are mutually reinforcing. For example:

■ Every day, more than 31,000 children under age 5 die — many from low birthweight or other pregnancy-related complications. Family planning can prevent a quarter of infant deaths by helping women to space births at least two years apart *(see chart 1)*.

■ Each year, more than 585,000 women die — at least one woman every minute of every day — of causes related to pregnancy and childbirth; 99 percent of those deaths are in developing countries. Family planning can prevent at least one in four maternal deaths

chart 1
INFANT MORTALITY BY BIRTH INTERVAL



On average, infants born after short birth intervals are twice as likely to die as those born after intervals of two or more years.

SOURCE: *Unpublished analysis of Demographic and Health Surveys, 1993-1997 (Calverton, MD: Macro International, 1998).*

by allowing women to delay motherhood and avoid unintended pregnancies and unsafe abortions.

■ An estimated 33 million people worldwide are currently living with the HIV/AIDS virus, and the number may reach 40 million by the year 2000. About 40 percent of HIV-infected adults are women, and since the epidemic began, 3.2 million children under the age of 15 have died of AIDS. Family planning programs can help prevent the spread of HIV/AIDS and other sexually transmitted diseases (STDs) through the use of condoms and providing information on responsible sexual behavior.

GENDER BIAS

Programs that advance women's economic, social, and health status are also indispensable to meeting population and development objectives. Women are the sole breadwinners for an increasing number of households across the world. They hold key positions as community organizers and are forging their roles in emerging democracies. They provide much of the labor in the agricultural sector which remains the backbone of virtually all developing economies. And, they bear 100 percent of the world's children.

Yet pervasive gender bias means women in developing countries are more malnourished, poor, and illiterate than men and have less access to education, medical care, property ownership, employment, and political power. Women's low status means they have little control over the use of contraception, whether to marry, or even whether to have sex. Women often have few options for their lives beyond childbearing.

PRESSURES ON RESOURCES AND THE ENVIRONMENT

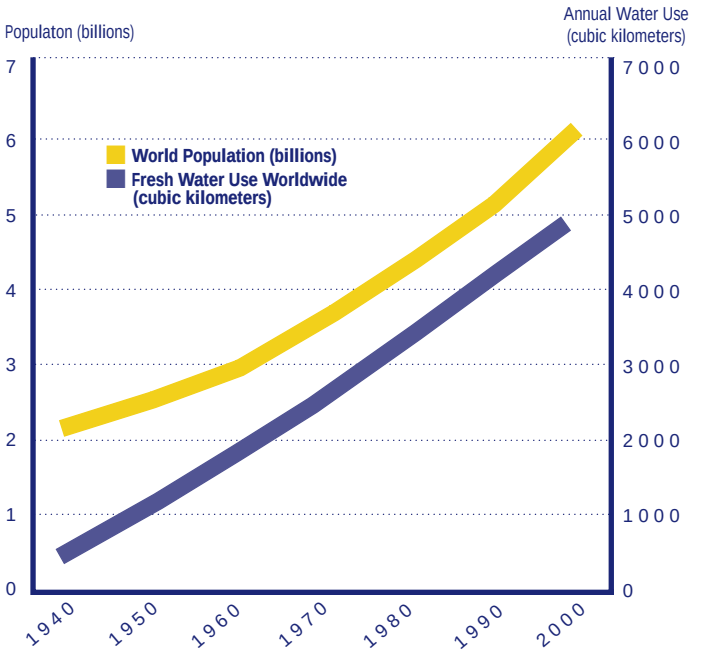
World population, presently at about 6 billion people, adds another 80 million to the planet every year. That's the equivalent of adding another San Francisco every week, another Mexico every 15 months.

To put this in perspective, it took one million years before humankind reached the one billion mark. It took only 12 years to add the latest billion.

Nearly all of today's population growth — 97 percent — is occurring in the developing world. Fertility has declined significantly from what it was in the 1960s, when the average number of children born to a woman was greater than six. In developing countries, excluding China, the number has declined to less than four. Still, fertility remains

chart 2

WORLD POPULATION AND FRESH WATER USE, 1940 TO 2000



Since 1940, the amount of fresh water used by humanity has roughly quadrupled as world population has doubled. Some water experts estimate the practical upper limit of usable renewable fresh water lies between 9,000 and 14,000 cubic kilometers yearly. That suggests a second quadrupling of world water use is unlikely.

SOURCE: *Population Action International*

especially high in sub-Saharan Africa (nearly six births per woman, on average) and in some parts of Asia, the Middle East, North Africa, and Latin America where women still average five or six births.

What are the consequences of these increasing numbers for sustainable development?

First, efforts to provide the world's people with essential services — education, health care, adequate food, housing, and employment — are not keeping pace with growing human numbers. Virtually every human development effort is being undermined by this rapid growth, including efforts to provide for a more equitable, sustainable, and peaceful world.

In addition, the cumulative impact of ever more people using ever more resources, in both developing and industrialized countries, is depleting and degrading the Earth's natural resource base and the ecological systems on which human life depends.

■ Already, about 80 countries with 40 percent of the world's population suffer from water shortages at some time during the year. Many of these countries have high population growth rates. By the turn of the century, chronic fresh water shortages are expected to occur in many regions, including much of Africa and the Middle East, northern China, parts of India and Mexico, and the western United States.

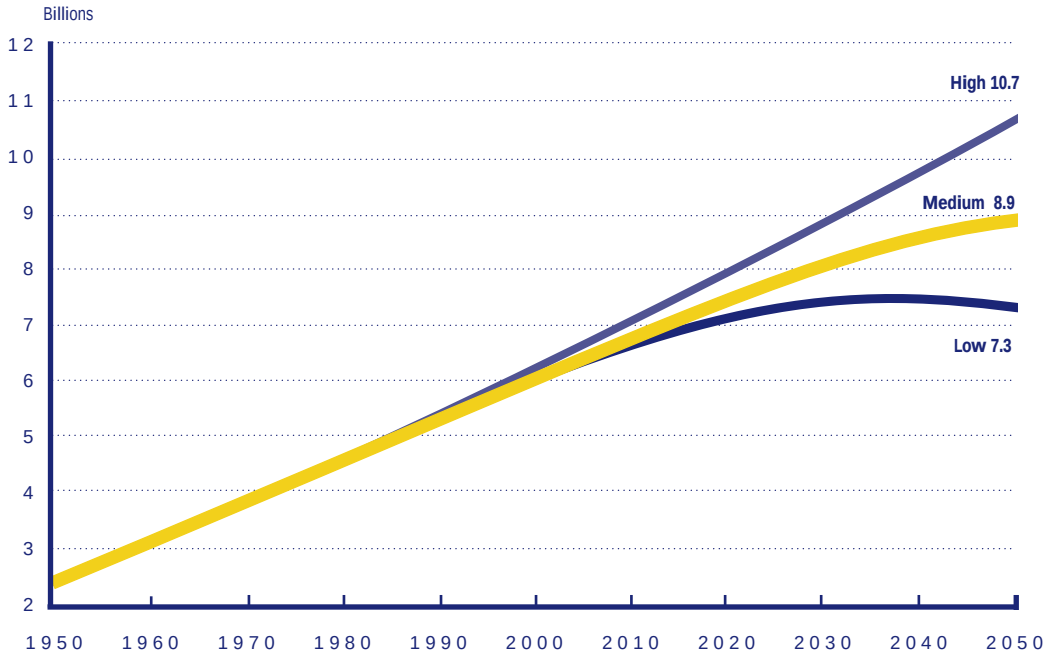
■ Each year some 40 million acres of tropical forest disappear, an area about the size of Washington state, as land is cleared for fuelwood, cropland and human settlements. The decimation of these forests means a great loss to our inherited genetic potential — nearly half of today's pharmaceutical products are derived from rainforests.

■ The burning of firewood, forests, and fossil fuels is causing rapid buildup of carbon dioxide, an important heat-trapping "greenhouse gas." In the developing world, where carbon emissions are expected to double between 2000 and 2045, 45 percent of the emission increases will be due to population growth.

■ Human activity already has destroyed 11 percent of the globe's arable land, a total area of nearly 3 billion acres, the size of China and India combined. The loss of land and soils stretches our ability to provide food in support of today's population. Every

chart 3

WORLD POPULATION PROJECTIONS: MEDIUM, HIGH AND LOW FERTILITY VARIANTS, 1950-2050



SOURCE: *United Nations Population Division*, World Population Prospects: The 1998 Revision, *forthcoming.*

year the world's farmers — due to population growth and environmental degradation — must try to feed 80 million more people with 27 billion fewer tons of topsoil.

WHAT'S AHEAD: THE LARGEST GENERATION IN HISTORY

The largest group of teenagers ever — nearly one billion — is about to enter their childbearing years.

This phenomenon makes rapid population growth inevitable for at least the short term. To a large degree, the world's ability to meet the reproductive health needs of this generation will determine whether world population stabilizes at under 9 billion people in the next 50 years or climbs to nearly 11 billion and continues to grow *(see chart 3)*.

We have reached a defining moment — a time when our decisions will determine whether or not future generations can prosper and live in balance with the natural environment.

There is reason for guarded optimism. The consensus of Cairo has contributed to much greater awareness of population, reproductive health and development issues worldwide, leaving a lasting legacy. The energy and resources to translate the Cairo goals into reality will come not only from governments but from people and organizations everywhere who were inspired by these goals.

Putting the Cairo Program of Action to Work!

The Role of USAID: Global Leadership and Technical Innovations

At Cairo, the U.S. government enthusiastically joined the historic ICPD consensus, and by doing so, signaled its commitment to helping developing countries with the technical expertise and financial resources they need to meet ICPD goals. Under policy guidance from the U.S. State Department, USAID is the key implementing agency for ICPD recommendations.

USAID currently supports family planning and reproductive health programs in more than 60 countries throughout the developing world. Assistance is concentrated in about 25 countries, primarily based on the magnitude and severity of their needs. These countries include: Bangladesh, Bolivia, Brazil, Cambodia, Egypt, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Madagascar, Mexico, Morocco, Nepal, Nigeria, Pakistan, Peru, Philippines, Russia, South Africa, Tanzania, Turkey, Uganda, Zambia, and Zimbawbe. Together, these countries constitute 72 percent of the population of developing countries, excluding China. Women's empowerment programs are taking place in more than 100 countries, with assistance concentrated in about 20 countries.

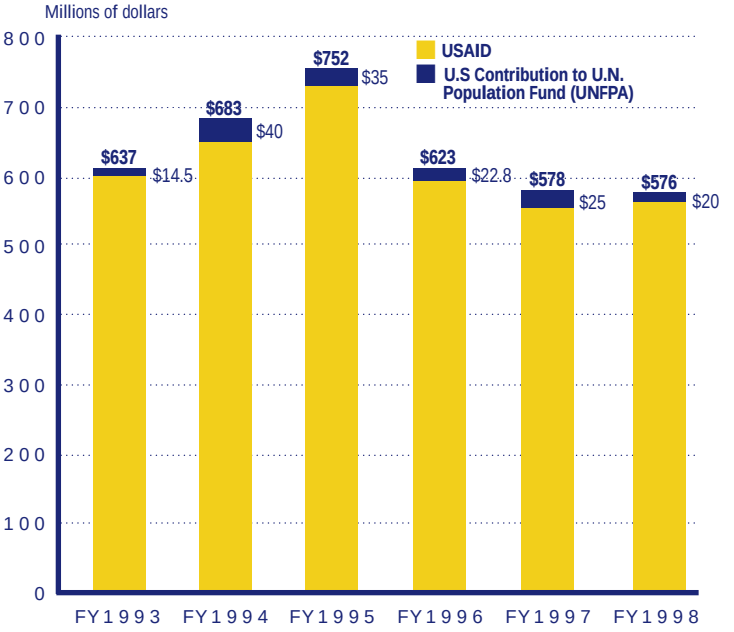
USAID assistance helps countries build their own capacity to provide voluntary, high-quality family planning and reproductive health services. Programs are implemented by a broad range of U.S.-based organizations including universities, NGOs, private businesses, and other government agencies. Under agreement with USAID, each commands specialized technical expertise in a variety of areas essential to effective programs. In turn, these organizations work in host countries with government agencies, NGOs, and the for-profit commercial sector. USAID's overseas missions, staffed by technically-qualified officers, help ensure that programs are well coordinated and responsive to host country needs.

RESPONDING TO ICPD

Since ICPD, USAID has pursued new initiatives and approaches, while expanding the scope of successful programs that began much earlier. An Agency-wide reorganization and a new commitment to more field-oriented and participatory programming facilitated innovation at many levels. These changes included strengthening the role of the Office of Women in Development and the creation of the Center for Population, Health and Nutrition (PHN).

chart 4

U.S. FUNDING FOR POPULATION AND REPRODUCTIVE HEALTH ASSISTANCE: 1993-1998



Note: Includes funding obligations for family planning, HIV/AIDS, material health/nutrition, and other reproductive health activities.

SOURCE: *USAID Center for Population, Health and Nutrition*

Integration of PHN programs has yielded greater efficiencies as well as the benefits of synergies among interrelated programs and activities.

Increasingly, USAID programs are linking or integrating family planning and other reproductive health components. Special initiatives have been launched in such areas as young adults, post-abortion care, and gender. The PHN Center led major strategic planning efforts in HIV/AIDS and maternal health, laying the foundation for a number of new projects in these areas. Development of the HIV/AIDS strategy was an especially participatory exercise over a two-year period, involving input from other donors as well as national and international NGOs. Similarly, under the leadership of the Office of Women in Development, a number of new programs have been launched in such areas as girls' and women's education, and women's legal rights.

In all, between 1994 and 1998, USAID committed more than $3 billion to supporting population and reproductive health programs as defined in the ICPD Program of Action — including family planning, HIV/AIDS prevention and management, and maternal health and nutrition. Approximately $2.5 billion went to programs that promote women's advancement

Making a World of Difference

USAID works on a wide range of sustainable development programs in over 100 countries throughout the developing world, Eastern Europe and the former Soviet Union. Programs help promote food security, democratic practices and informed civic participation, access to basic education, management of natural resources and energy use, humanitarian responses to natural and man-made crises, child survival, and disease prevention. Essential to USAID's efforts in all these areas are its programs in reproductive health and gender equity — the focus of this report.

USAID's current Strategic Plan contains five strategic objectives in support of overall goals to stabilize world population and protect human health:

- Reduce unintended and mistimed pregnancies;
- Reduce deaths and adverse health outcomes to women resulting from pregnancy and childbirth;
- Improve infant and child health and nutrition, as well as reduce infant and child mortality; and
- Reduce HIV transmission and the impact of the HIV/AIDS pandemic; and
- Reduce the threat of infectious diseases of major public health importance.

Long-Term Program Impacts

USAID programs in population, health, and nutrition are recognized worldwide as one of the most successful components of U.S. foreign assistance:

- Well over 50 million couples in the developing world use family planning as a direct result of programs supported by USAID, and millions more have adopted family planning due to USAID support for a broad range of technical assistance, contraceptives, training, and support for information, education, and research activities. Since the mid-1960s, fertility rates in countries where USAID has been a major family planning donor — such as Indonesia, Bangladesh, Colombia, Mexico, Kenya, and Egypt — have declined by more than a third.
- Since 1989, USAID-funded HIV/AIDS programs have reached over 22 million persons with behavior change interventions, trained over 150,000 persons as educators, and worked with over 600 NGOs to expand prevention efforts.
- USAID has been a leader in maternal health and nutrition, by establishing innovative pre- and in-service training for thousands of health workers in life-saving skills and other care for pregnant women, and providing technical expertise to strengthen design and implementation of maternal health programs in over 20 countries.
- Child survival programs since 1985 have contributed to dramatic reductions in infant mortality rates. Immunization programs have reduced deaths among children under five by 20 to 25 percent. USAID, by its support of the development and delivery of oral rehydration solution (ORS), has prevented one million childhood deaths from diarrheal diseases a year.
- Not only have many countries improved the health and well-being of their people, but some have made significant strides toward self-reliance in providing services. In the area of family planning, Colombia, Thailand, South Korea, and Tunisia are among the countries that have graduated from USAID assistance. Morocco, Mexico, and Turkey will soon follow.

in the economic, environmental and social spheres. Support for these programs have cost each American about $4 per year—the equivalent of one fast food meal. While most Americans think we spend much more on these activities, they account for only seven one-hundredths of one percent (.07 percent) of the federal budget.

Americans are not in this alone. Developing countries themselves provide the vast majority of funding for population and development programs. In addition, USAID attaches great importance to working in close collaboration with other donors, including the UN Population Fund (UNFPA), the World Bank, the World Health Organization, UNICEF, and UNAIDS; counterpart agencies in Japan, the United Kingdom, the Netherlands, Germany, Canada, and other countries; the European Union; and private foundations.

By working with other donors, USAID can share technical expertise, identify priority funding needs, and help ensure that assistance is complementary and used to the maximum benefit of host countries. For instance, following two joint U.S.-Japan planning trips to work with the Vietnamese government on HIV/AIDS prevention, Japan is in the process of reversing its long-standing policy against provision of condoms.

USAID TECHNICAL LEADERSHIP SINCE ICPD

A hallmark of USAID's contribution to population and development programs for over three decades has been its role in expanding the base of scientific knowledge, supporting innovative technologies and program approaches, and promoting the sharing of lessons learned and best practices among countries. Since ICPD, these activities have intensified and broadened in scope as USAID has sought to encourage stronger national commitments to ICPD objectives and help countries develop the most cost-effective approaches to achieve these objectives. Particularly noteworthy among these contributions are:

■ **National Demographic and Health Surveys.** USAID has supported a series of nationwide surveys in more than 45 countries that help to document the extent of reproductive and child health needs, focus programs where they are most needed, and track the impact of programs. In addition to a core set of questions on health and reproductive behavior, the surveys include modules that allow countries to examine trends in health status and behavior with respect to maternal mortality, HIV/AIDS, abortion, male roles and responsibilities, women's status, and female genital mutilation. Additional surveys have focused on young adults.

■ **Applied research on service delivery.** USAID has supported research on issues related to access and quality of reproductive health care in more than 20 countries since ICPD. Researchers have examined the feasibility and benefits of integrating components of reproductive health; tested pilot initiatives in such areas as post-abortion care, male involvement, and young adults as a prelude to scaling these up; and conducted surveys of thousands of service sites to guide efforts in improving quality of care.

■ **Contraceptive and biomedical research.** USAID is the largest donor in the development of safe and effective contraceptive and reproductive health technologies suitable for use in resource-poor settings. Research is currently ongoing on more than 20 potential new contraceptive methods and drug delivery systems through 80 partner facilities around the world. Since ICPD, USAID has continued to pursue new technologies, including increased attention to methods which protect against sexually transmitted diseases (STDs), such as the female condom and vaginal microbicides. With USAID support, progress has also been made in devel-

oping rapid, simple, and inexpensive diagnostic tests for STDs and self-destructing injection systems that prevent transmission of infections. Research on micronutrients is ongoing, including replication of a recent study in Nepal showing that Vitamin A can reduce maternal mortality by as much as 45 percent.

■ **Social science, policy, and evaluation research.** Since ICPD, USAID has supported extensive research in line with the research agenda outlined in the Program of Action. A series of studies on women, family planning, and HIV/AIDS in more than 15 countries have shown the importance of overcoming gender-based discrimination and abuse in achieving ICPD objectives. Expert analyses through the National Academy of Sciences and other institutions have documented the magnitude of reproductive health needs across the developing world and practical approaches to address these. Policy and evaluation research has shown among other things the impact of family planning in reducing fertility and preventing abortion. In more than 20 countries, analyses of the costs and financing of reproductive health programs have been conducted, along with computer modelling to aid policymakers in projecting the impact of alternative programs and activities.

■ **Communications and training materials and techniques.** In order to carry out training and communications activities of the scope and scale required by ICPD, USAID has supported innovative uses of information technology, such as the Internet and CD-ROM and distance-learning techniques to train health providers. New training curricula and counselling aides have been developed and disseminated to improve quality of care in family planning and reproductive health. Creative uses of the mass media — radio and television dramas, sporting events, and community theater among them — have helped spread messages about reproductive health as well as actions women can take to fulfill their legal rights and take advantage of educational and economic opportunities.

■ **Logistics management.** USAID has been a leader in strengthening the institutional capacity of programs to manage, purchase, and distribute their family planning and reproductive health supplies. Investing in improving the logistics management capabilities of programs has a significant positive impact in at least three key areas: improving program performance and access to services; raising the quality of care; and enhancing the cost-effectiveness and efficiency of service delivery.

Family Planning and Reproductive Health Services: Expanding Access and Quality

The 179 nations participating in the ICPD called for universal access to reproductive health services by 2015. The Program of Action declared that a full range of reproductive health services — including family planning, maternal health and nutrition, and HIV/AIDS prevention — should be made "accessible, affordable, acceptable, and convenient to all users." The ICPD further encouraged countries to strengthen linkages among these services and improve their quality.

In many settings, infrastructure for family planning has provided a foundation on which to build a broader approach to reproductive health. In other settings, services for maternal and child health have long been present, and the challenge is to incorporate family planning as well as preventive measures for HIV/AIDS and other sexually transmitted diseases (STDs). Since ICPD, USAID and its implementing partners, together with other donors, have been helping countries to examine their priorities and collect and analyze information on what is needed and what works. Putting programs in place that really make a difference for the women and men being served is the true test of these efforts.

What Is Reproductive Health Care?

Making reproductive health services universally available by the year 2015 is one of the key objectives of the ICPD Program of Action. USAID priority areas for reproductive health include:

- Family planning information and services, including counseling and follow-up;
- Maternal health care, including prenatal care, delivery and post-partum care, management of obstetric complications, management of the consequences of abortion and post-abortion counseling and family planning; and,
- Prevention and management of sexually transmitted diseases, including HIV/AIDS.

Enhancing Reproductive Choice for Women in India

USAID supports a large-scale effort to provide family planning and related reproductive services in Uttar Pradesh (UP), India's largest state with a population of 150 million. In UP, 20 percent of women of reproductive age are using family planning, half of the national average of 41 percent. Fewer than one in four women are literate, and women marry at age 15 on average. Until the USAID project began, virtually the only method available was sterilization, and few women had access to temporary methods that they could use to delay or space births.

Under the USAID-funded Innovations in Family Planning Services Project, launched in 1992, more than 10,000 additional community health workers have been trained to provide door-to-door family planning counseling, oral contraceptives and condoms, and referrals to public health facilities for other reproductive health services. In collaboration with NGOs, dairy cooperatives, and factories, the project reaches over 35 million people, and 700,000 couples are expected to start to use spacing methods by the end of 1998. The number of users is expected to reach 3.7 million women in the next five years, while hundreds of thousands of women will have received basic medical care at childbirth, including iron and folic acid during pregnancy.

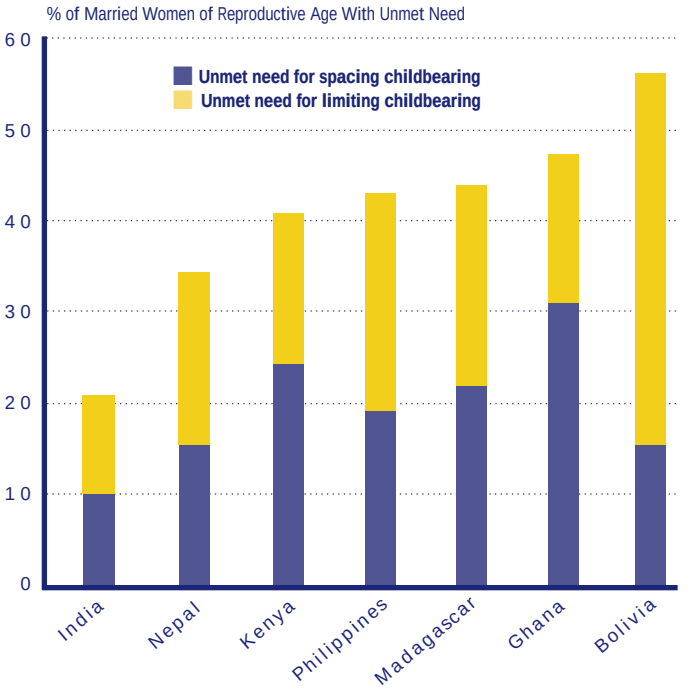
MEETING THE NEED FOR FAMILY PLANNING

More than two decades have elapsed since the 1974 World Population Conference in Bucharest, where the world's governments agreed that everyone should have access to family planning information and services. Yet this basic right is still not a reality for many of the world's people. Unmet need for family planning is highest in sub-Saharan Africa, where in some countries one in three married women want to space or limit births but are not using family planning. Countries with the largest number of women in need of family planning include India, Bangladesh, and Nigeria. These three countries alone account for more than 50 million women in need of family planning.

In other countries, such as Russia and the Central Asian Republics, unmet need for family planning is reflected in heavy reliance on abortion — a challenge

chart 5

UNMET NEED FOR FAMILY PLANNING, SELECTED COUNTRIES



Note: Unmet need for family planning is defined as a percentage of all married women, aged 15-49, who say they would prefer either to postpone their next pregnancy by at least two years from the time of the survey or avoid having any more children and are not using any modern method of contraception.

SOURCE: *Demographic and Health Surveys 1992-1996*

that USAID has helped to address in its assistance to these countries. *(See box Preventing Abortion Through Family Planning on page 11.)*

While responding to ICPD's broad set of goals, USAID continues to give high priority to family planning. Not only is family planning central to reproductive health, gender equity, and population stabilization, but USAID is unique among bilateral donors in the extent of both its commitment and expertise in this area.

Providing access to a wide range of contraceptive methods is fundamental to effective family planning programs. USAID addresses all of the elements needed for this purpose, including health care provider training and educational materials for clients. USAID also has developed a global system for the delivery of contraceptive supplies. Numerous countries and donors rely on USAID's contraceptive supply forecasting system, designed to help ensure availability and choice of contraceptives year-round.

USAID support in Tanzania and Indonesia is illustrative of the kind of assistance USAID has provided to clinical family planning services. Safe, voluntary sterilization, which began in two sites in Tanzania five years before ICPD, now extends to nearly 100 sites throughout the country. A total of almost 2,000 health professionals have been trained since 1988 with USAID support and over 200,000 women and men have benefited from the services.

In Indonesia, between 1994 and 1998, USAID worked with NGOs to train over 30,000 health workers and establish 2,200 service delivery points, including floating clinics to reach remote villages by river with basic family planning and primary health care. Over 12 million people became first-time users of family planning through this project.

USAID support of non-clinical family planning services, provided at the community level through pharmacists, shopkeepers, and community health workers, has played a critical role in reaching women and men who do not have access to clinics or who prefer obtaining contraceptive methods such as condoms and pills from these other sources. When these approaches are linked to existing grassroots net-

works of NGOs and commercial distribution systems for other products, they have shown how large numbers of people can be reached at relatively low cost. *(See Strengthening Partnerships With Civil Society on page 23.)*

MAXIMIZING ACCESS AND QUALITY. In 1993, USAID launched a global initiative to identify and address barriers to client access and to improve the quality of family planning services. Known as Maximizing Access and Quality of Care (MAQ), approaches implemented in over 30 countries include:

■ **Encouraging adoption of quality standards.** USAID collaborated with the World Health Organization to develop a first-ever set of comprehensive guidelines on appropriate medical use and restrictions of specific contraceptive methods. Based on these guidelines, 32 developing countries have adopted new standards for service delivery.

■ **Upgrading clinicians' skills.** USAID-funded programs conduct training courses for staff at all levels of service delivery to strengthen their knowledge, counseling and clinical skills. By highlighting the importance of client counseling and education, MAQ also reinforces USAID's commitment to ensure that clients participate in family planning on a voluntary basis and that their selection of contraceptive method is based on informed choice.

■ **Conducting studies of client needs.** USAID-supported studies have led to a better understanding of the needs and motivations of clients. They have also helped to make services more responsive to client needs by identifying clinical practices and policies that restrict access to specific contraceptive methods or provide no added health benefits.

■ **Strengthening clinic management.** Various programs supported by USAID help to improve the management and operations of health care facilities. For example, USAID-funded agencies help to set up record-keeping systems to track contraceptive supplies throughout the country in order to ensure a consistent supply of contraceptives.

■ **Educating clients.** To ensure that clients and prospective clients receive adequate and accurate information on contraceptive choices, USAID has supported extensive public education campaigns using a variety of mass media and person-to-person educational materials.

Raising Quality Standards

USAID has helped support innovative country programs that have not only inspired service providers to upgrade their services and counseling but have also educated clients about the kind of care they should expect.

In 1993, the Egyptian government introduced the "Gold Star" program; clinics that meet a series of quality requirements for six months are awarded the star. More than 1,200 clinics have achieved the gold star, and more than 2,400 clinics are close to achieving this distinction. Through radio and TV broadcasts and community outreach, clients are told to look for the gold star for high-quality family planning services. A separate program for the private sector publicizes the "Mark of Confidence" logo, which is used to identify specially trained private physicians.

The new emphasis on quality of services has contributed to a rapid increase in contraceptive use in the past two years, from 49 percent of married women of reproductive age in 1995 to 55 percent in 1997.

Two states in Brazil — Bahia and Ceará — with a combined population of over 20 million people, have pioneered various initiatives to improve quality of care, known as the PROQUALI project. The secretariats of health have adopted new guidelines for reproductive health services. They are also implementing an accreditation system in which accredited clinics offering reproductive health services receive the "Quality Seal" and are promoted through local campaigns using radio and street theater. Such a system is novel because in Brazil, as in most developing countries, accreditation standards are applied only to hospitals.

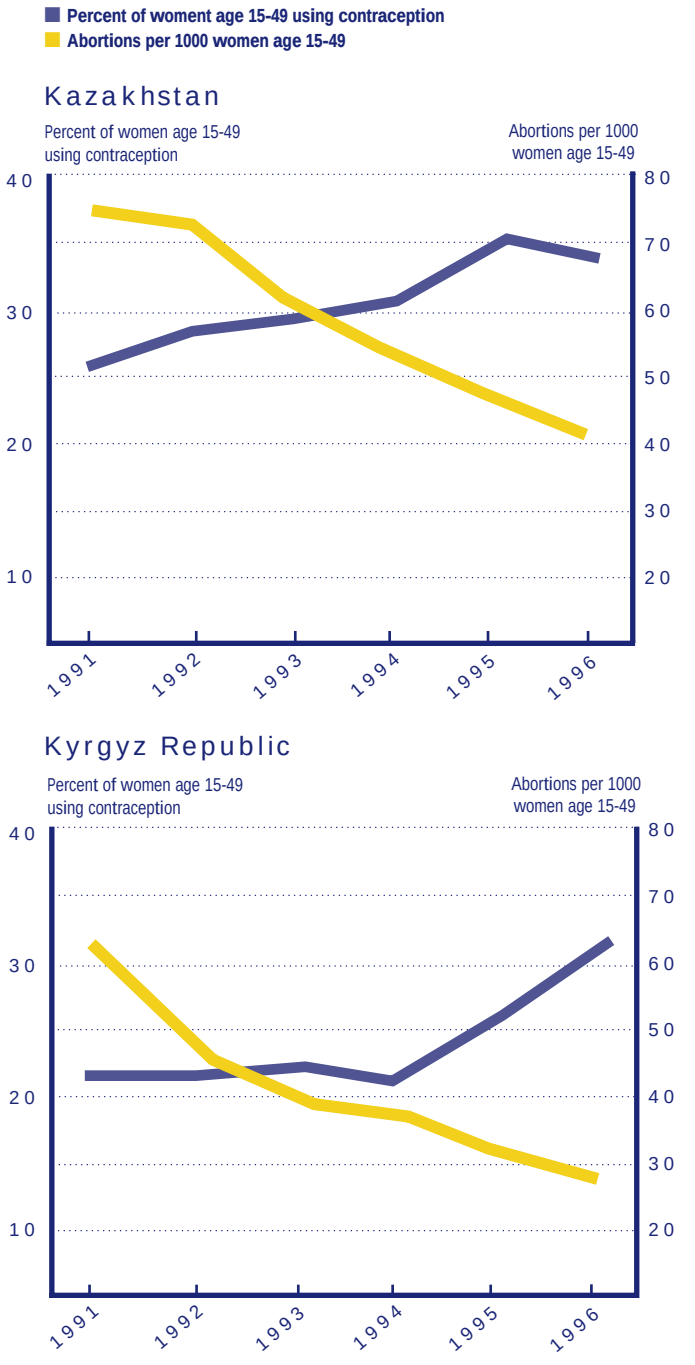
Five pilot sites in these two states are testing processes and tools to improve the quality of care. The innovations being studied include: self-assessment checklists; training modules; ongoing client feedback via continuous client exit interviews; two-way communication between provider and client; and strengthening the role of non-physician providers. Clinic attendance is up in the five sites, and officials in both states plan to expand the PROQUALI initiatives statewide during 1999.

In Mexico, USAID family planning assistance has been continuous for over two decades. Use of contraception has increased dramatically from 30 percent in the mid-1970s to 69 percent currently. There has also been progress in increasing quality of care and services by strengthening the technical competence of health personnel, expanding the choice of contraceptive methods, and improving consumer health information and client-provider counseling skills, among other measures.

With support from USAID, the Mexican government developed a "Plan of Action for Improving Quality of Care and Strengthening Family Planning Information, Education, and Communication Activities." This action plan is designed to ensure that: service providers know the official service guidelines for family planning, are trained in their use, and use them; posters and other materials that support provider use of these guidelines are produced and distributed; the technical competence of service providers is continuously strengthened through refresher courses; and Users' Rights to Services are disseminated through pamphlets, informative posters, and videos in health unit waiting rooms, and through mass media communication campaigns.

chart 6

TRENDS IN CONTRACEPTIVE USE & ABORTION RATES IN TWO CENTRAL ASIAN REPUBLICS, 1991-1996



Note: Percent of women using contraception refers to users of IUDs, pills, and injectables.

SOURCE: *Adapted from Westoff et al.* Replacement of Abortion by Contraception in Three Central Asian Republics. *Calverton, MD: The Policy Project and MACRO International Inc. 1998.*

TREATING WOMEN WITH COMPLICATIONS FROM UNSAFE ABORTIONS

Faced with an unwanted pregnancy, millions of women in developing countries resort to unsafe abortion. When they experience life-threatening complications such as bleeding and infection, they seek assistance from health facilities. Treating post-abortion complications not only saves lives but also gives clinic staff the opportunity to educate women about using family planning to prevent future pregnancies and repeat abortions.

The ICPD Program of Action places high priority on improving treatment for women who have suffered complications from unsafe abortions — a cause of 75,000 preventable deaths annually. USAID has supported pilot post-abortion care projects in Egypt and Kenya that are now being expanded nationwide. The Kenya project found that contraceptive use increased by 67 percent when contraceptive counseling took place in the same location as emergency care and with the same ward-based staff. Post-abortion care research and training activities are underway in more than ten other countries. In Ghana, for example, midwives were successfully taught to treat incomplete abortion and provide family planning

counseling and referrals. Health organizations from other African countries are exploring ways to replicate this model of care.

MAKING PREGNANCY AND CHILDBIRTH SAFER

Worldwide some 585,000 women die of pregnancy-related causes each year — more than one woman every minute. These women leave behind at least a million motherless children who themselves are more likely than their peers to die in childhood.

In the developed world, pregnancy is rarely a life-threatening condition. Only one in 1,800 women in the developed world dies during childbirth or from pregnancy-related complications. In contrast, one in 48 women in developing countries can expect to die from these causes. African women face the highest risk of death from pregnancy and childbirth in part because they have more pregnancies than women in other regions and the health risks increase with each successive pregnancy.

Those women who survive childbirth may experience serious complications. About 15 million women annually suffer painful and debilitating pregnancy-related injuries and infections. An estimated one in four adult women living in developing countries have experienced pregnancy-related complications.

The major interventions to reduce maternal deaths are: helping families prepare for a safe birth; ensuring safe and adequate care during pregnancy, birth and the post-partum period; improving management of obstetrical complications; and improving maternal nutrition. One in four maternal deaths could be prevented by family planning, which postpones early, high-risk pregnancies, gives women's bodies a chance to recover from a previous pregnancy, and avoids unintended pregnancies and unsafe abortions.

Preventing Abortion Through Family Planning

By making family planning services more widely available, USAID has played a major role in preventing abortion. For example, in Central Asia, Moldova, Russia, and the Ukraine, where abortion rates are high, USAID supports programs to expand women's access to modern methods of family planning. USAID has contributed to a more than one-third decline in abortions in Russia. USAID has also supported expanded family planning services in the Central Asian Republics. A 1998 study of the replacement of abortion by contraception in three of these countries — Kazakstan, Uzbekistan and the Kyrgyz Republic — indicated that since the early 1990s, the use of contraception has increased by a third to a half. During the same period, abortion rates have declined by as much as one half *(see chart 6)*.

More Attention to Safe Motherhood in Nepal

In Nepal, more than 4,000 women die from pregnancy or post-partum complications each year. Nine in ten births take place in the home. Many women give birth alone or with the assistance of a traditional birth attendant, some of whom are unaware of hygienic birthing practices.

The Nepal government approved a National Safe Motherhood Action Plan in 1993, but implementation has been slow. Since 1996, the USAID-supported Safe Motherhood Network has mounted extensive community awareness campaigns to promote awareness of safe motherhood issues at the grassroots level. The Network, which consists of 75 NGOs, government agencies, and international donors, has sought to educate individuals, families, and communities on the essentials of safe pregnancy and delivery. Member organizations provide information at rallies, competitions, and theater. Pamphlets and other information sources list pregnancy danger signs and promote life-saving measures for pregnant women and their newborn.

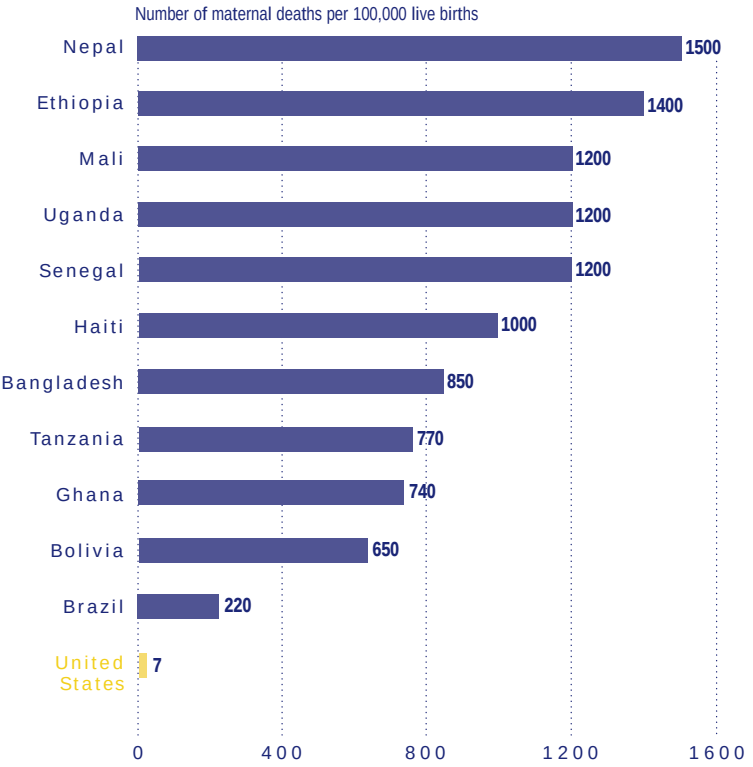
Network members also promote the use of home birthing kits designed to encourage clean delivery practices and prevent infection. Safe motherhood events now occur in all 75 districts of Nepal. A recent study found that: 90 percent of event participants could identify the danger signs of pregnancy and the need for medical attention; 94 percent knew the three "cleans" of delivery: clean hands, clean delivery surface, and clean cord care; 70 percent had discussed healthy pregnancy with their spouse; and more than half of women participants who gave birth in the previous two years had used the home birthing kit.

USAID programs are giving increased attention to nutrition before and during pregnancy, and essential obstetric care. They also emphasize community-based efforts to help in recognizing pregnancy complications and bringing women in for timely treatment. USAID-supported efforts include:

- In Bolivia, a program trained women in a remote province in identification of obstetric problems and safe birthing techniques. After three years, the death rate among newborns dropped to less than half of previous levels.
- In Indonesia, the government has adopted a multifaceted program to reduce maternal mortality, including training 55,000 village midwives, promoting iron supplements for pregnant women, and launching a post-partum public education and outreach campaign.
- In Ghana, Nigeria, and Uganda, a training curriculum in life-saving skills to address obstetric and newborn complications was developed. The curriculum has been adapted for use in Indonesia, Morocco, and Vietnam and has been translated into three languages.

chart 7

SAVING MOTHERS' LIVES THROUGH FAMILY PLANNING



One in four maternal deaths can be prevented with family planning

SOURCE: *Revised Maternal Mortality Estimates, WHO, 1996.*

PREVENTING HIV/AIDS

The number of people infected with HIV/AIDS rises daily. An estimated 33 million people worldwide are currently living with HIV; 90 percent of those affected live in developing countries. The number of people infected with HIV may reach 40 million by the year 2000. And by 2010, an estimated 40 million children in 23 sub-Saharan African countries will lose one or both parents, largely as a result of HIV/AIDS and complicating illnesses.

USAID's international assistance to prevent HIV emphasizes public education campaigns to change behavior and encourage dialogue on HIV/AIDS, reproductive health, gender and sexual norms; increasing the demand for condoms, and making them more widely available through advertising and commercial distribution; and prevention and treatment of sexually transmitted diseases. These efforts are supported by global monitoring systems to make program planning more strategic; research to identify which programs are most effective; policy dialogue with host countries; and an expansive network of

community-based partners with experience in HIV/AIDS prevention.

Special USAID initiatives focus on women, both as agents of change, and as individuals in need of services and support. More than half of new HIV infections occur in women. The USAID-funded AIDSCAP Women's Initiative mobilized and supported women's participation in regional and country program planning, worked with policymakers, and spearheaded research and advocacy for the female condom. USAID-funded research has explored the social, cultural, and economic forces that result in gender differences in sexual experiences, expectations, and the ability to adopt HIV/AIDS preventive behaviors.

Children and young adults are also at increased risk for HIV. Every minute, five young people aged 10 to 24 are infected with HIV. USAID funding has supported activities targeted to the special needs of youth. Many of these programs use peer educators and train adults to be trusted sources of information and guidance for young people. In Bali, Indonesia, a peer education project with sexually active young adults led to an increase in consistent condom use from 22 percent in 1996 to 75 percent in 1997.

Accomplishments in HIV/AIDS Prevention

USAID has funded both regional and country-specific HIV/AIDS programs in 22 countries in Africa, 12 countries in Latin America and the Caribbean, nine countries in Asia, and two in Eastern Europe, Russia and the Ukraine. Examples of USAID-support since ICPD include:

- In Uganda, the use of radio spots, voluntary counseling, and testing has encouraged young women ages 15 to 24 to delay the onset of sexual activities and encourage safer sex practices. As a result, their HIV prevalence has declined by 35 percent.
- In Kenya, an *AIDSWatch* newspaper column reached 700,000 readers each week with HIV prevention messages. At the same time, 62 episodes of a radio soap opera on HIV prevention in five local languages generated 27,000 letters from listeners expressing opinions or requesting information.
- In Mozambique, a private-sector based condom sales and distribution system through 2,000 sales outlets has been established, along with an intensive information campaign to support that program. Demand for condoms illustrates the program's success: USAID condom shipments have increased from about 6 million in 1994 to 34 million in 1998.
- In Thailand, the exploding rates of HIV due to the widespread commercial sex industry have been reduced over the past decade with the help of the national "100 Percent Condom Program." In 1996, USAID supported the establishment of three regional "Centers for Excellence" for HIV/AIDS prevention to help ensure programs remain a proactive force to fight AIDS in Thailand.

OFFERING INTEGRATED SERVICES

Central to ICPD recommendations in reproductive health is the concept that different services should be integrated or linked with one another in ways that would be more efficient and more responsive to clients' needs. Most developing countries already offered integrated services to one degree or another. Since ICPD, however, efforts have increased with the assistance of major donors including USAID, the UN Population Fund, and the World Bank. With limited budgets and a shortage of skilled health providers, developing countries lack the resources to make comprehensive services available at all service delivery points. USAID-supported programs have used integrated or linked approaches to expand reproductive health services to hard-to-reach populations in many countries. In Ghana, Kenya, Nigeria, and Tanzania, for example, USAID is assisting public and private agencies to expand services as well as community education programs in family planning and HIV/AIDS and other sexually transmitted diseases.

USAID programs are integrating family planning

education and services through post-partum and post-abortion care. These programs are designed to meet the needs of women who have recently given birth or experienced an abortion and want to delay or avoid a future pregnancy. In Bolivia, for example, USAID has supported training for physicians and other assistance to develop post-partum family planning programs in hospitals and clinics throughout the country.

As countries begin to implement these and other approaches to integrated services, USAID has supported research since ICPD in nearly 20 countries to test their effectiveness and identify lessons learned that can help in scaling up.

USAID has been a global leader in breastfeeding programs, including the use of breastfeeding for child spacing, known as the Lactational Amenorrhea Method (LAM). USAID-supported research and programs have defined and tested the method, and launched it in more than 40 countries worldwide, with more than 6,000 health personnel trained. These programs have far-reaching impacts on reducing unintended pregnancies as well as on broader maternal and child health.

USAID has been working to help address the reproductive health needs of the estimated 20 to 40 million refugees and other populations currently in refugee-like settings. Historically, refugees have had almost no access to reproductive health services and supplies, even though typically 80 percent or more are women and children. USAID is working closely with the State Department, the UN, and various NGOs in developing guidance and training curricula for the provision of quality reproductive health services, including addressing the consequences of violence against refugee women. USAID has also supported research to document reproductive health conditions in emergency settings and has contributed condoms and other health products.

Bangladesh Adopts an Integrated Strategy

With a population of 123 million living in an area the size of Wisconsin, Bangladesh is one of the world's most densely populated and poorest countries. With support from USAID, the country has had one of the world's most successful family planning efforts, increasing levels of contraceptive use from 3 percent of reproductive age women in 1971 to 49 percent in 1997.

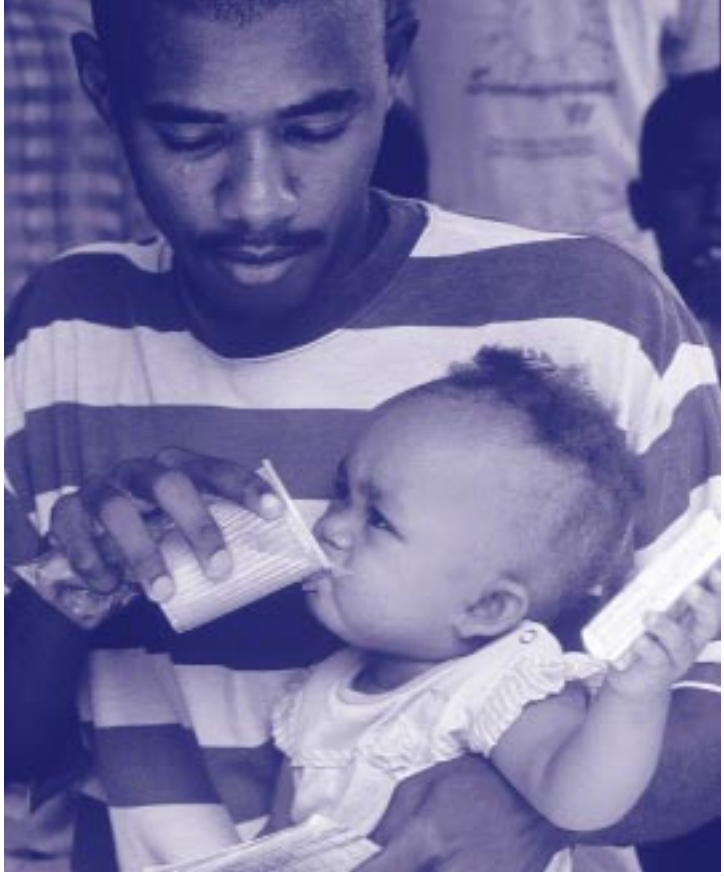
USAID-funded programs include family planning services and education provided by local NGOs, women's discussion groups in the villages, grants to local governments for female family planning volunteers, mass media campaigns, and contraceptive sales. In 1997 alone, USAID-supported programs provided family planning services and information to 6.6 million clients, more than half of all contraceptive users.

Still, 16 percent of reproductive-age women say they want to space or limit births but are not using contraception. In some areas, women discontinue contraceptive use after a short time, and groups such as newlyweds, urban poor, and adolescents are underserved. At the same time, infant mortality remains high, and most women receive little prenatal and delivery care. In the absence of aggressive treatment of sexually transmitted diseases (STDs), a surge in HIV/AIDS is a serious threat.

Bangladesh has embarked on an ambitious nationwide initiative to phase in an essential package of integrated family health services that include family planning and reproductive health, maternal and child health, diagnosis and treatment of STDs, and referrals for other family health needs. Services will be offered through both public and private locations. USAID has committed $210 million to help implement this plan from 1997 to 2004.

PROMOTING MALE INVOLVEMENT IN REPRODUCTIVE HEALTH

Improving reproductive health requires increased communication and cooperation between sexual partners and greater attention to men's role in reproductive decision-making. Programs are needed to help increase the number of couples who discuss family



size goals and contraceptive preferences, and to encourage safer sex practices.

A 1996 survey of 27 USAID partner agencies found that most were engaged in providing information and services to men, but that a coordinated effort would substantially increase attention to men's participation. This led to a new Men and Reproductive Health Committee, convened by USAID, which has resulted in the development of an interactive training curriculum on men's roles, a training manual for service providers, and a website to provide information on programs and services to men. Other examples of USAID-funded activities include:

- An effort in a large district of Bangladesh to increase awareness among men about responsible parenthood, reduce their misperceptions about male contraceptive methods, and offer male-friendly clinic hours and programs. The 1997 program resulted in a 25 percent increase in condom use and a dramatic rise in vasectomies, and the government now plans to implement it on a broader scale.
- A community-wide campaign to educate men about family planning in a conservative, rural area of Egypt. More than 180 local male religious leaders attended workshops on this topic. These leaders addressed 18,300 men in public meetings and religious observances and distributed 9,000 copies of a family planning booklet.
- A rapid expansion of condom use in developing countries, largely due to professional advertising campaigns and other promotional activities including concerts, store displays, and roaming film vans. In 1997, USAID supported shipment of 300 million condoms worldwide.

REACHING THE NEXT GENERATION OF PARENTS

More than one out of three people in the developing world are between the ages of 10 and 24. Many of these young people have already embarked on childbearing, while others will soon enter their prime childbearing years. The decisions they make regarding family size and the timing of births will affect global population size for the next century.

For individuals, their decisions regarding sexuality and reproduction may have lifelong consequences. Many young people begin sexual activity during adolescence and thus are at high risk of

health problems resulting from unwanted pregnancy, HIV/AIDS, other STDs, and gender violence. They are often unaware of these risks and lack even basic information about reproduction and sexual health. Whether married or not, young people often have difficulty obtaining reproductive health information and services or find that existing services are geared to women who already have children.

Since ICPD, the climate for youth programs is improving, and many countries are making a concerted effort to educate young people on reproductive health and to ensure that their health care needs are met. In 1995, USAID launched a new program, known as FOCUS on Young Adults, to serve as a catalyst and technical resource for developing countries. FOCUS works closely with USAID-funded projects in other health areas to strengthen youth programs. These programs include mass media campaigns and educational programs for youth groups, peer counseling, and retail sales of contraceptives. In addition, USAID has helped provide technical assistance to public and private agencies in developing countries to plan and implement reproductive health programs for youth. Examples of USAID-supported youth efforts include:

■ To improve the policy environment for youth services, FOCUS worked with Bolivia's first lady and local youth advocates on their National Youth Initiative for health and young adult development. In Mozambique, FOCUS worked with the government to create a committee on youth, bringing together government ministries, NGOs, religious groups, and youth organizations.

■ More than 70 delegates from eight countries in Asia and the Near East attended a USAID-funded workshop in Nepal that resulted in the development of national action plans to strengthen youth programs in the region and link them with education, employment, and other services.

■ In Egypt, over 10,000 rural girls and young women in more than 30 communities have been served by a program to provide health, literacy, and life-skills training.

■ In many countries, USAID support has helped develop programs that promote healthy behavior among young people through music, records, concerts, videotapes, computers, and youth rallies.

Empowering Women and Advancing Gender Equity

"Our efforts to achieve dynamic, long-lasting growth will only succeed if our resources empower women as well as men to seize opportunities and make a difference for themselves, their families, and their communities."
— **J. Brian Atwood,** Administrator, USAID

Women's empowerment is a cornerstone of the ICPD Program of Action. It emphasizes that the population and development challenge will not be solved until women are afforded equal opportunity to education, jobs, health care, legal rights, and political participation. When women can make the decisions that affect their lives, they tend to have smaller, healthier, and better-educated families.

In turn, access to family planning and reproductive health services is an important component of women's health and self-determination. Without the ability to plan and space her children, a woman may find it difficult, if not impossible, to finish her education or plan for her future. In addition, lack of access to these services results in high rates of maternal and child death throughout the developing world.

As a major donor to women in development projects, USAID has helped advance the status of women in a number of ways. It has been a strong advocate in international and national fora for ensuring women's full participation in the development process. It has supported microenterprise programs that loan poor women the funds they need to lift themselves and their families out of poverty. It has helped design, implement, and promote programs in women's reproductive health, education, environmental and natural resources management, legal rights, and political participation.

Since ICPD, and the Fourth World Women's Conference held in Beijing in 1995, USAID has expanded its gender initiatives. This includes the introduction of the Gender Plan of Action which works to mainstream gender considerations throughout the Agency's programs and policies, and the formation of a Gender Working Group which works to enhance sensitivity to gender equity in family planning and reproductive health programs supported by USAID.

STRENGTHENING THE LINKS BETWEEN REPRODUCTIVE HEALTH AND WOMEN'S PROGRAMS

Since ICPD, USAID has increasingly engaged women leaders and women's organizations in its efforts to expand the availability and quality of reproductive health services throughout the developing world. These efforts build on more than two decades of experience in training women as managers of family planning programs.

Between 1991 and 1998, the USAID-funded ACCESS program linked the provision of family plan-

Cairo and Beijing: Before and Beyond

The International Conference on Population and Development (ICPD) emphasized the centrality of women's health and rights. Its recommendations helped lay the groundwork for the Fourth World Conference on Women, held in Beijing in 1995. A comprehensive Platform of Action was adopted in Beijing, focusing on 12 "critical areas of concern" identified as obstacles to the advancement of women. These include: poverty, inequality in education; lack of access to health care, employment and economic participation; environmental degradation; inequality in sharing of power and decision making; negative images of women in the mass media; women's human rights violations; and violence against women.

These two conferences were part of a series of UN-organized international conferences that addressed sustainable development issues, including the 1992 Earth Summit in Rio on the environment; the 1993 World Conference on Human Rights in Vienna; and the 1995 Social Summit in Copenhagen on eradicating poverty.

ning and reproductive health services with activities that respond to women's broader economic and social needs. ACCESS supported 72 projects in 14 countries around the world — but principally in the most difficult to reach rural areas of India, Kenya, Nigeria, and Nepal. The program increased the number of new family planning clients from a baseline of 80,000 to over 800,000.

These programs, which will continue under the new ENABLE project, also helped provide women with credit opportunities and skills-training. The literacy programs brought into traditional communities offered women an education that they otherwise might not get. ACCESS also trained community-based workers to address social issues that affect women's reproductive rights, thus enhancing their credibility in the community and empowering them to be catalysts for change. For example, in Nigeria, women have joined together to advocate against female genital mutilation. In Nepal, the Safe Motherhood Network, made up of more than 70 organizations, holds national events focusing on strategies that can save the lives of many thousands of women and infants.

In Peru, USAID supports another innovative program aimed at increasing rural women's use of family planning and reproductive health services by actively involving women in their own reproductive health care. Known as ReproSalud, the program works with more than 100 community-based organizations in six of Peru's 13 regions to research the reproductive health needs of local women. Once needs are identified, community organizations choose those that are most important, and with grants and technical assistance from ReproSalud, develop and implement activities to address those priority needs.

An advocacy component of ReproSalud assists women in their pursuit of increased political participation. Women's ability to generate incomes is enhanced by ReproSalud's microenterprise programs. To date, 20 village banks have been established. Advocacy activities have included seminars on family planning, domestic violence, and other women's health issues. In the 1998 municipal elections, ReproSalud designed information packets for candidates on women's reproductive health issues.

Supporting women's participation in policymaking on family planning and reproductive health issues

ABOVE: In Nepal, the Safe Motherhood Network, made up of more than 70 organizations, holds national events across the country. Here student nurses hold signs reading "Safe Motherhood saves mothers' and babies' lives."

has received strong support from USAID since ICPD, with activities undertaken in more than ten countries. In Turkey, for instance, USAID facilitated creation and training of a network of 20 women's organizations to promote family planning and reproductive health. In 1998, the network worked with top political leaders and persuaded them to dramatically increase funding for contraceptives.

Research findings from a five-year Women's Studies Project, carried out in ten countries, have led to reproductive health programs that better reflect the reality of women's lives. In Bolivia, for example, the project assisted a coalition of public sector and NGO representatives to devise gender guidelines for reproductive health services, as well as performance measures to hold service providers and donors accountable.

CLOSING THE GENDER GAP IN EDUCATION

Female education has broad impacts on national development. Studies show that women who have completed primary school are healthier and have healthier children than their less educated peers. Educated women are more productive farmers, industrial workers, and household managers. For each year of additional schooling they receive, women's wages are about 15 percent higher. Educated women are also more active in the democratic process. And women with more education have fewer children, on average, than those with little or no education.

Yet girls are still less likely to attend school than their brothers. One out of every four girls are not attending school; and of the 300 million school-age children who are not enrolled in school, about 60 percent are girls.

USAID's basic education program in Malawi illustrates the dramatic improvements that can occur as a result of national policy reforms and changes throughout the school system. Between 1990 and 1995 girls' school enrollment increased by 71 percent, and the proportion of girls enrolling in secondary school rose by 27 percent.

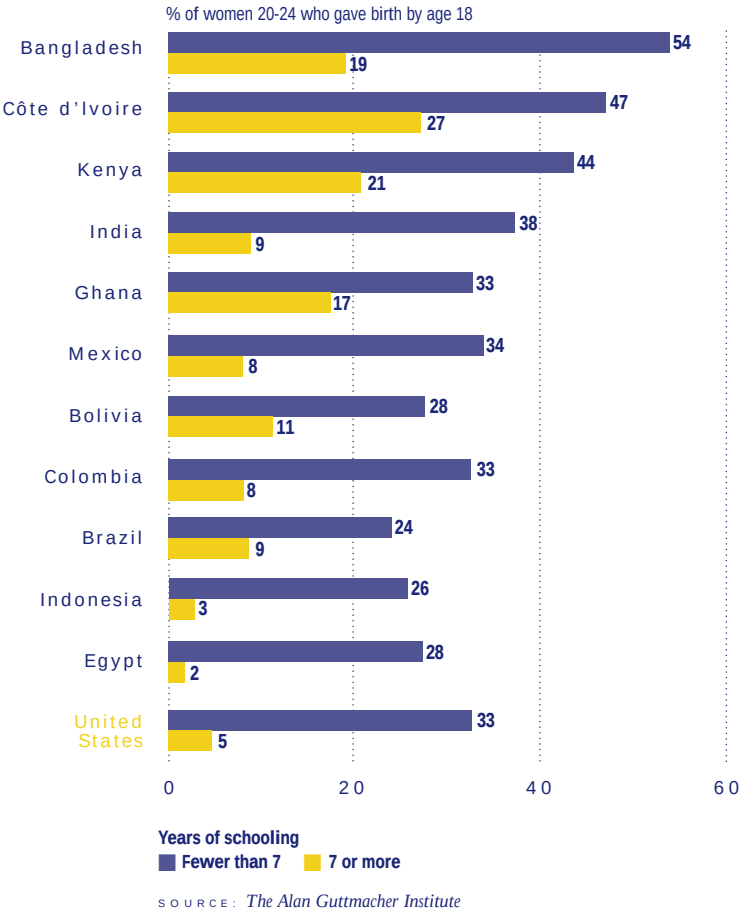
Other USAID-supported efforts since 1990 have been equally significant. In Guinea, girls' enrollment nearly doubled — from 19 to 36 percent — as a result of a village campaign to increase awareness of the importance of girls' education. In Guatemala, in rural schools, girls received small scholarships of approximately $5 per month, the dropout rate for girls between first and second grade was reduced to only one percent, as compared to the national dropout rate for girls of 30 percent.

Based on more than two decades of program experience, USAID has developed a comprehensive approach to girls' education that emphasizes the active

involvement of national and local leaders. Launched in 1995, USAID's Girls' and Women's Education Initiative works in selected countries to mobilize support and action for girls' education and help countries overcome barriers to girls' school participation. This initiative encourages leaders and organizations, including those from government, business, religion, and media, to work together to create their own solutions with their own resources. The goal is to increase girls' primary school completion rates by 20 percent over an eight-year period.

chart 8

WOMEN WHO RECEIVE A BASIC EDUCATION WAIT LONGER THAN WOMEN WITH LESS SCHOOLING TO BEGIN A FAMILY



SOURCE: *The Alan Guttmacher Institute*

PROMOTING POLITICAL PARTICIPATION

USAID plays a leading role in helping to build democratic institutions and ensure that all citizens are able to participate in the political process. Women's activism has been critical in pro-democracy movements throughout the world, and USAID supports women's organizations and coalitions that are helping to strengthen those forces that support democratic transition and consolidation.

In 1995, USAID launched its Women in Politics Program. This program supports women and women's organizations in more than 15 countries, as well as regional programs in Asia, the Middle East, Africa and Latin America, to improve women's access to political positions, train future women leaders, promote gender equity in national legal systems and government policies, increase women's influence in determining public policy, and establish regional and international solidarity networks.

"100 Women Groups" in Nigeria

USAID's Democracy and Governance Initiative in Nigeria has helped to build a grassroots movement for women's political empowerment. In 1996, the Initiative started with local NGOs who had a long prior history of involvement in family planning and reproductive health. These NGOs formed local groups of women, known as "100 Women Groups," to train women in advocacy, develop their leadership skills, and strengthen their ability to take collective action. To date, more than 60 "100 Women Groups" have been formed, and about 127,000 women have been mobilized to vote. At the same time, more women have been empowered to use family planning services.

USAID is also supporting efforts to enhance the political potential of women's labor union participation. Working with AFL-CIO regional institutes and local labor unions, efforts are aimed at assisting women to form their own unions, helping women to increase their membership and leadership, and encouraging women's pursuit of political office. Efforts have produced impressive results. For instance, in the Bangladesh Independent Garment-workers Union representing over one million workers in over 300 factories, 60 percent of officer positions are now set aside for women.

PROTECTING WOMEN'S LEGAL RIGHTS

Women often face legal discrimination that inhibits their participation in many spheres of life. Constitutional and legislative guarantees of women's rights are not always implemented, and women are not always aware of their legal rights.

The USAID Women's Legal Rights Initiative, launched at the Beijing women's conference in 1995, is designed to help women develop an understanding of the legal system and empower women to use it to advance their economic and social status. Programs underway include a multi-country program in Asia to apprise women workers of their legal rights; develop strategies for protecting their legal and economic interests; train para-legals to provide legal assistance for women; and undertake public interest litigation to promote the acknowledgement and extension of women's rights.

VIOLENCE AGAINST WOMEN. Violence against women is the most pervasive form of human rights abuse in the world today. It also hinders women's full participation in the development process. As part of its overall efforts to stem the tide of violence against women, USAID is helping support efforts to eradicate female genital mutilation (FGM), and prevent domestic violence and sex-trafficking.

FGM is a harmful traditional practice affecting about 100 million women and children. It occurs in over 25 African countries and among immigrant communities, including the United States. FGM involves cutting or removal of parts of the female genitalia, and sometimes is performed with unsterilized and crude instruments and without anesthesia. It has serious health consequences, greatly increases complications during childbirth, and can lead to death.

USAID-funded research in eight countries has led to new education materials, including a training manual of reproductive health guidelines in Egypt, and new community-based approaches to eradicate FGM.

A special module on FGM has been used by the USAID-funded Demographic and Health Surveys (DHS) to collect data in eight African countries. In Egypt, the 1995

DHS survey found that 97 percent of ever-married women had undergone FGM. These survey results led to an ambitious new strategy by an NGO task force to eradicate FGM by educating and mobilizing support from all sectors of Egyptian society.

In the area of domestic violence, USAID is supporting a number of initiatives to raise awareness, and improve policies and law enforcement, including the development of a first-ever national report on violence against women in India, and the support of a national domestic violence law in Peru. In response to the emerging sex trafficking crisis, USAID is developing an Asian regional activity that will support efforts to prevent trafficking, strengthen law enforcement, and help those already victimized.

Empowering Women in Nepal

In 1995, the USAID mission in Nepal identified increased women's empowerment as a strategic objective. Results have been impressive:

- During 1997, more than 20,000 women took out loans and either started or expanded 6,000 microenterprises. Even in the less accessible areas of the country where formal banking services are often unavailable, more than 2,000 women received USAID loans for microenterprise activities.
- Over the past three years, more than 85,000 women across the country have completed legal rights and advocacy training programs funded by USAID. Nearly 1,000 advocacy groups have been formed, undertaking a wide variety of actions on public issues, including domestic violence, increased availability of maternal and child health services, women's legal rights, and environmental protection.
- Since 1991, the literacy rate for Nepal adult females has risen by more than 10 percent. In those areas where women had received basic literacy training, only 4 percent of girls never attended school, compared to almost 20 percent in areas where the USAID/Nepal programs were not available.
- A community-based program linking family planning and reproductive health services with literacy classes for women in 10 districts contributed to increased use of family planning from 26 percent to 41 percent of women between 1993 and 1997.

ENHANCING WOMEN'S ECONOMIC OPPORTUNITY

Economists are increasingly recognizing women's key role in national and household economies. Women's income generation has been linked to improvements in child health, increased girls' school enrollment, and greater investments by women in land conservation.

More than 800 million women are economically active worldwide; over 70 percent of these women live in developing countries. Still, women constitute less than a seventh of administrators and managers, their unemployment rates remain high, and their wages are low.

On one level, many women are involved with small-scale business and microenterprise, such as street vending, dress-making, and food processing. In many countries, banks are unprepared or unwilling to provide loans to women. USAID has over 600 active funding agreements with microenterprise development institutions which together provide loans to some 1.4 million low-income clients, most of which are women.

USAID is also supporting a multi-country research program on women's roles in agriculture and their impact on household nutrition and economic development. The findings are encouraging governments to train more female agricultural extension agents and help them gain access to the latest technologies.

New USAID initiatives are focusing on women's role in the formal economic sector. A project underway will develop partnerships with international agribusiness firms to document "best practices" that contribute to improvements in women's employment conditions as well as their economic and social status.

Strengthening Partnerships With Civil Society

The ICPD Program of Action underscores the importance of the formation of public-private partnerships in the promotion and delivery of reproductive health education and services. Governments often have the human and financial resources to undertake larger scale programs. But members of civil society — including nongovernmental organizations (NGOs), the for-profit commercial sector, and private health care providers — play important complementary roles. Private organizations have the ability to test innovative approaches, and in many cases provide higher quality of care than the public sector.

NGOs, in particular, have often been the first to urge governments to add family planning and other reproductive health services to national service delivery systems. In some countries, NGOs remain the primary source of family planning and other health services, receiving funding from national and international donors, including USAID. When governments have reduced funding for social and health programs, NGOs have stepped in to fill the gap.

NGOs also represent diverse sectors of the population and can build bridges connecting a broad array of groups with decision-makers and service providers. NGOs have traditionally shown greater flexibility in reaching marginalized sectors of the population — such as urban poor and adolescents, and addressing sensitive or controversial issues — such as domestic violence.

COLLABORATING WITH COMMUNITY-BASED NGOS

USAID works with an ever-expanding network of NGOs, each bringing a wealth of expertise, experience, and in-country partners to USAID programs in all sectors. Among these are U.S.-based NGOs — such as CARE, Save the Children, and World Vision — that work in child survival and health, community development, and famine and disaster relief. These organizations have developed an extensive network of professional staff and close working relationships with national and local community groups throughout the developing world.

With USAID support, some of these NGOs have begun providing family planning as part of their development efforts. In 1991, USAID began supporting CARE in its efforts to integrate family planning with their ongoing maternal and child health, HIV/AIDS, and community development programs. When the program began, CARE had family planning activities in only eight countries. By leveraging funds from private foundations and other donors, CARE is now providing reproductive

health and family planning services in 33 countries, and has leveraged two-thirds of the funding needed from donors other than USAID. In a one-year period alone, from July 1997 to June 1998, five million couples benefited from these programs.

In an effort to work even more closely with experienced community development and relief organizations, USAID launched a new program in 1998 to support the expansion of

reproductive health activities as an integral part of community-based maternal health and child survival programs *(see box below)*.

Among the NGOs supported by USAID, the network of local family planning associations (FPAs) affiliated with the International Planned Parenthood Federation (IPPF) play a particularly important role, serving ten million couples annually with family planning and other reproductive health services. These associations, together with IPPF, carry out advocacy and educational programs benefitting hundreds of millions of couples in the more than 150 countries where they are located.

FPAs are often in the forefront of addressing reproductive health needs that governments are reluctant to address, including youth and HIV/AIDS. An urban youth project in Indonesia, for example, has undertaken peer education programs, counselling, and outreach activities that have reached thousands of young men and women. Some FPAs, such as Profamilia in Colombia, have developed models that others are emulating in implementing service fees and generating income as well as meeting clients' other health needs.

Bangladesh is among the countries where NGOs are very active, and where building NGO capacity is the primary focus of USAID assistance. USAID supports about 45 NGOs in both rural and urban areas of Bangladesh, among them the Bangladesh Rural Advancement Committee (BRAC). BRAC is one of the largest national NGOs with a program that operates in some 20,000 villages. The program includes literacy training, credit, small enterprise development, and other rural development activities, as well as community-based primary health care and family planning services. The total beneficiaries are estimated to be about 18.5 million people, most of them women and children.

First-of-its-kind Global Health Consortium

In 1998, USAID launched a ground-breaking project, "NGO Networks for Health" that for the first time unites leaders in development and relief in an effort to expand access to family planning through community-based efforts to improve maternal and child health, and prevention of HIV/AIDS and other sexually transmitted diseases. The five-year, $51 million project, forms a unique public-private partnership between Save the Children, CARE, Childreach/Plan International, the Adventist Development and Relief Agency (ADRA), and Program for Appropriate Technology in Health (PATH).

This initiative is modeled after several USAID-funded programs using NGO networks. In Bolivia, for example, PROCOSI is the umbrella organization for 24 NGOs that implement reproductive health and child survival programs. PROCOSI now covers about 10 to 15 percent of Bolivia's rural population.

BUILDING ALLIANCES AND MOBILIZING RESOURCES WITH THE PRIVATE SECTOR

USAID has led the donor community in efforts to engage the private sector in family planning and reproductive health. In the early 1980s, USAID recognized this untapped resource, and became the first major international donor to explore the potential of private sector delivery of family planning products and services. As the environment for family planning changed, USAID's commercial sector strategy evolved from a focus on contraceptive distribution to introducing business skills to NGOs, promoting employer-based services, forming private provider networks, and developing innovative health care financing mechanisms.

The USAID-funded SOMARC (Social Marketing for Change) project has been at the forefront of developing partnerships with the pharmaceutical industry and health care provider associations in order to offer family planning and reproductive

health services at affordable prices. Projects have leveraged millions of dollars from private and commercial sources. In Brazil, in 1997, SOMARC's investment of $1.2 million to introduce Depo-Provera at affordable prices leveraged an investment of $1.4 million from Pharmacia & Upjohn/Brazil. The contraceptive is now available to Brazilian women regardless of their economic status. Through a major public relations effort, sales in 1997 exceeded projections by 30 percent.

On a much larger scale, the SOMARC project leveraged over $50 million in contraceptives from commercial manufacturers in 19 developing countries over the past ten years, thereby reducing reliance on public sector and donor support for family planning programs. Since ICPD, results include the creation of a revolving loan fund to allow Indonesia midwives to establish private practices, helping the governments of the newly independent Central Asian Republics develop a commercial sector with the pharmaceutical industry to supply contraceptives and improve quality of care, and the establishment of the SUMMA Foundation, a mechanism to provide financing for reproductive health on a commercial basis.

A new five-year initiative, begun in 1998, will expand USAID's efforts in this area, with a special focus on innovative financing mechanisms and integrated services. By the end of the five years, the project is expected to:

- Leverage more than $50 million in private sector contributions;
- Provide family planning services to 50 million couples;
- Distribute 20 million condoms for prevention against sexually transmitted diseases; and,
- Provide Vitamin A supplements, fortified sugar, anti-diarrheal treatment, iodized salt and other services to improve primary and child health.

FOSTERING TIES BETWEEN POPULATION AND ENVIRONMENT PROGRAMS

The 1994 ICPD Program of Action called for greater attention to the interrelationships between population pressures and the environment. USAID's population and environmental programs have supported efforts in research, policy and technical assistance, including the following.

- A University of Michigan program has assigned young professionals to work on population-environment projects that range from research on the effects of migration on natural resources to ensuring that family planning services are linked to natural resource management. Typically assigned to work with an NGO for two years, they have worked in 14 developing countries, including Brazil, Honduras, Mexico, Nepal, and Uganda.

- In Madagascar, a USAID-funded population project has joined forces with conservation organizations working in buffer zones around national parks home to endangered species. The program focuses on helping local residents

develop sustainable livelihoods that protect, rather than destroy, the parks. Simultaneously, family planning information and services are provided to residents through community-based distribution systems and mobile health clinics.

■ In Honduras and Uganda, CARE is training community volunteers to provide information on family planning as well as sustainable agriculture. In one area of Uganda, the contraceptive prevalence rate is three times higher than that of surrounding areas.

■ A collaborative initiative between the Population Reference Bureau and the World Conservation Union helped identify crucial issues related to population and the management of water resources. The initiative supported nine developing country teams who prepared case studies, identified policy implications, and presented these at the World Conservation Congress in Montreal in 1996. Following this event, the two organizations wrote and disseminated a publication for policymakers worldwide.

■ Through the Johns Hopkins University Population Communications Services Project, USAID has funded a number of films and publications linking the effects of population pressures on the environment in the developing world. Currently airing in Ecuador is "Arcadina," a weekly children's program on environmental stewardship. Environmentally-focused issues of *Population Reports*, a quarterly magazine, have been distributed to more than 100,000 leaders in developing countries.

■ The Environmental Change and Security Project, administered by the Smithsonian Institution's Woodrow Wilson Center, supports research on a wide range of academic and policy-related topics involving the population, environment, and security nexus. Project publications and public forums have already gained the attention and participation of policymakers, particularly in the context of U.S. foreign policy.

USAID's Environment Strategy

USAID's environmental strategy pursues five objectives: to conserve biological diversity; reduce threats of global climate change; promote improved urbanization and pollution management; increase energy efficiency; and promote sustainable natural resource management. Specific results USAID-support achieved in 1997 include:

■ Improved management of 2.5 million acres of tropical forests, coral reefs, and grasslands, by significantly slowing or reversing rates of environmental degradation.

■ Integrated management of coastal resources in Sri Lanka, Mexico, Indonesia, Tanzania, and Kenya, by creating strong alliances between local government and coastal communities and promoted effective conservation of critical coastal habitat.

■ Improved access to city services, including potable water, sewage treatment and housing for more than 528,000 low-income households.

■ Reduced urban pollution by promoting the adoption of 270 cleaner production policies and manufacturing processes in Bolivia, Ecuador, Egypt, Indonesia, and Paraguay.

■ Increased environmental awareness among more than 2.5 million citizens in Central America and the Middle East due to national and local campaigns relating to water scarcity and conservation.

■ Avoidance of more than 19,000 tons of carbon dioxide emissions — the primary greenhouse gas that contributes to global climate change — through energy efficient technologies, practices, and policies.

The Tasks Ahead

Progress in implementing the ICPD Program of Action is occurring in a dynamic environment in the developing world. In many countries, broader social changes are reinforcing efforts to achieve the Cairo goals: new ideas and information are spreading rapidly, aided by improved communications technologies; nongovernmental organizations have become more numerous and stronger; and democratic participation is increasing, along with greater decentralization of decision-making to local levels. By contrast, in a number of countries, economic reversals or political and military conflicts are disrupting health systems and impeding progress on the ICPD agenda.

In virtually all developing countries, needs for reproductive health services remain high and are projected to increase even further. More than one-third of the developing world population is under the age of 15. As these young people enter their reproductive years, their decisions about sexual relationships, marriage, childbearing, and basic health and nutrition will shape not only their own lives but the quality of life for their societies as a whole. For young women, these decisions will depend to a great extent on the opportunities they have for education and productive employment.

Against this background, USAID will need to concentrate its support to countries in areas that will have the greatest public health impact and that will lay the basis for financially and institutionally sustainable programs in the future. Among the priority areas are the following:

First, increasing use of family planning through expanding access to contraceptive services and improving quality. Vital to this objective is expanding the choice of modern contraceptive methods which women and men have available to them — through research on methods that are more affordable and easier to use, as well as through actual provision of methods on a subsidized basis to underserved groups. As demand continues to increase, USAID will work with governments and NGOs in host countries to commit resources for contraceptive supplies and, where countries are ready, help build their capacity to purchase and manage them. Partnerships with the private commercial sector will also be encouraged. USAID will continue to help countries that need assistance in procuring contraceptives and other health products and in strengthening systems to manage supplies.

But making contraceptives available is not enough. USAID will be working with all host country partners to further improve the quality of care in contraceptive services, particularly in the area of counselling and

other aspects of the interactions between providers and clients. Strengthening training as well as management and supervision systems will be a high priority, with a view to promoting a "culture of quality" at all levels of family planning services.

Second, reducing transmission of HIV/AIDS and other sexually transmitted diseases (STDs). USAID will continue to emphasize preventive approaches that target high-risk groups who are most likely to transmit infections to others. Treatment and care for people who have STDs will also receive support, particularly where this approach will reinforce prevention efforts. Finally, USAID will support a wide range of efforts to involve policymakers and leaders from every sector of society and mobilize increased resources and commitment to combat HIV/AIDS.

Third, reducing maternal mortality and improving maternal health and nutrition. USAID will focus support on community-based efforts to address such needs as prenatal care, micronutrient supplements, planning for a clean and safe delivery, recognition of complications and planning for emergency transport, and training for mid-level front line providers (mainly midwives) to use basic medications and manual procedures in treating complications of pregnancy and unsafe abortions. Promising post-abortion care initiatives in a number of countries will be scaled up.

Fourth, strengthening the systems and technologies that create an enabling environment for reproductive health and for integrated approaches. A high priority for USAID is to explore and strengthen the linkages between reproductive health and programs for child survival. A number of countries are developing essential service packages that include both of these elements. Through service delivery research, surveys, costing studies, and other research, USAID will remain at the cutting edge in developing the information and tools needed for allocating resources and designing and evaluating programs. Through biomedical research programs, USAID will help assure that the latest scientific advances are applied to meeting

reproductive health needs in developing countries.

Fifth, moving beyond health systems to help transform the social and cultural environment. USAID will help countries undertake initiatives — and scale up, where feasible — to reach young adults through imaginative mass media, educational, and peer-based approaches. A similarly ambitious effort is needed to address male roles and responsibilities in reproductive health. Promoting involvement in reproductive health of community groups, women's organizations, the business sector, religious organizations, and other elements of civil society is essential from many standpoints. Their involvement can be effective in promoting preventive reproductive health behavior, increasing demand for reproductive health services, and laying the basis for countries to become self-reliant in their reproductive health programs.

Sixth, promoting gender equity and incorporating gender sensitive approaches across all programs supported by USAID. High priory will be given to initiatives that work to close the gender gap in education; advance women's political participation, legal rights and economic status; and prevent violence against women, including female genital mutilation, domestic violence, and sex-trafficking. Efforts will continue to ensure that USAID's Gender Plan of Action is fully adopted throughout Agency programs and policies.

Finally, and most importantly, mobilizing resources and political will. Increased financial resources are critical to achieving the goals of the Cairo Program of Action. Contributions are needed from both the public and private sectors, and at all levels from the national level down to local communities. Commitment to make resources available depends on having broad support among key constituencies. And building this support depends on helping these constituencies to become more aware of reproductive health and gender issues, as well as to link these issues to their other goals. For many developing countries and some countries in transition, additional needs for donor funding will continue for the foreseeable future. USAID will continue to assume a leadership role among other donors, encouraging their increased support for the ICPD agenda.

These priorities point to the major challenges ahead in achieving the goals of ICPD. During the ICPD+5 process, dialogue will focus on key future actions, building on the foundation that has already been laid in the years since the Cairo conference. The accomplishments since Cairo are significant in a number of areas, much less impressive in others. Yet it is encouraging to find that with existing knowledge and the technical advances that are within our reach, investments of relatively modest financial and human resources can produce dramatic results — saving the lives of millions of women and children and promoting health and well-being for them and their families.

USAID will continue to work for these results and will carry on the Agency's tradition of global leadership and technical innovations. During 1999, representatives of the United States, other governments, and civil society partners, will meet to renew consensus around the ICPD goals and reaffirm their commitment to make these goals a reality by 2015. In doing so, they will lend further momentum to the efforts of hundreds of thousands of people working in programs for reproductive health and gender equity all over the world.

Major USAID Programs in Implementing ICPD (1994–1999)

Expanding access to quality family planning and reproductive health services	Key Implementing Partners: US-Based and International Organizations
Support for large-scale service delivery programs, including technical assistance, management, training, communication, and monitoring	*Adventist Development and Relief Agency (ADRA), AVSC, CARE, Centre for Development and Population Activities, International Planned Parenthood Federation, John Snow Inc., Management Sciences for Health, Pathfinder International, PLAN International, Program for Appropriate Technology in Health (PATH), Save the Children*
Information, education, and communication	*Academy for Educational Development, Johns Hopkins University, John Snow Inc.*
Training of doctors, nurses, midwives, and other medical personnel	*American College of Nurse Midwives, AVSC, JHPIEGO, Pathfinder International, University of North Carolina*
Social marketing* and promotion of the private commercial sector	*Abt Associates, Deloitte Touche Tohmatsu, The Futures Group, Meridian Development Foundation, Population Services International*
Service delivery research	*Family Health International, International Life Sciences Institute, John Snow Inc., Population Council, Tulane University*
Expanding contraceptive method choice	
Contraceptive supplies, logistics management, and quality control	*Family Health International, FEI Products (IUDs), Female Health Company (female condom), John Snow Inc., Kuehue & Nagel (freight), Leiras Pharmaceutical (Norplant), London International Group (condoms), Ortho-McNeil Pharmaceutical (tablets), Panalpina (freight), Pharmacia & Upjohn (injectables), U.S. Centers for Disease Control and Prevention, Wyeth-Ayerst (oral contraceptives)*
Planning for introduction of additional methods and achievement of optimal range of methods	*Family Health International, Population Council*
Natural family planning	*Georgetown University*
Breastfeeding (Lactational Amenorrhea Method of family planning)	*Academy for Educational Development, Georgetown University*
Biomedical and health technology research	
Contraceptives, e.g. long acting injectables and inplantable contraceptives; nonsurgical and/or reversible sterilizations; male methods	*Eastern Virginia Medical School, Family Health International, Population Council, World Health Organization*
Barrier methods to protect against pregnancy and sexually transmitted diseases, including improved condoms	*Eastern Virginia Medical School, Family Health International, Population Council*
Sexually transmitted diseases: diagnostic methods and treatments	*Program for Appropriate Technology in Health (PATH)*

* subsidized sales of contraceptive pills, condoms, vitamins, and other essential health products through existing wholesale and retail commercial networks

Policy, monitoring, and evaluation	
Promotion of policy dialogue, expanded participation, and effective planning	*Abt Associates, Academy for Educational Development, Centre for Development and Population Activities, East-West Center Program on Population, The Futures Group, Harvard School of Public Health, National Academy of Sciences, Population Reference Bureau, Research Triangle Institute*
Demographic and health surveys and population censuses	*MACRO International, U.S. Bureau of the Census, U.S. Centers for Disease Control and Prevention*
Social science research on gender and women's perspectives	*Family Health International, International Center for Research on Women, Population Council*
Evaluation methods and indicators	*University of North Carolina, Tulane University*
HIV/AIDS and other sexually transmitted diseases	
Prevention and mitigation, data collection and research, policy	*DKT International, Family Health International, The Futures Group, Global Health Council, Institute of Tropical Medicine, International Center for Research on Women, International HIV/AIDS Alliance, International Planned Parenthood Federation, Management Sciences for Health, Population Council, Population Services International, Program for Appropriate Technology in Health (PATH), Research Triangle Institute, Tulane University, UNAIDS, University of Alabama, University of North Carolina, U.S. Bureau of the Census, U.S. Centers for Disease Control and Prevention, U.S. Peace Corps*
Maternal health and nutrition; safe pregnancy	
Service delivery, training, communications and research, policy	*Abt Associates, Academy for Educational Development, American College of Nurse Midwives, Centre for Development and Population Activities, International Science and Technology Initiative, JHPIEGO, Johns Hopkins University, John Snow Inc., Pan American Health Organization, Program for Appropriate Technology in Health (PATH), World Health Organization*
Special initiatives	
Post-abortion care	*AVSC, Ipas, JHPIEGO, Johns Hopkins University, Population Council, University of North Carolina*
Young adults	*Centre for Development and Population Activities, The Futures Group, Johns Hopkins University, Pathfinder International, Population Council*
Male roles and responsibilities	*AVSC, Pathfinder International*
Programs to integrate population/reproductive health and environmental protection	
Policy and service delivery	*CARE, The Futures Group, Johns Hopkins University, Pathfinder International, Population Reference Bureau, University of Michigan*

Other program support	
Fellowships, consultants and advisors, training	*Basic Health Management, Centre for Development and Population Activities, Centers for Disease Control and Prevention, InfoTech Enterprises, Johns Hopkins University, PaL-Tech, Public Health Institute, U.S. Peace Corps, University of Michigan*

Note: Above are leading organizations receiving USAID population and reproductive health funding, listed alphabetically. Many organizations manage more than one project for USAID and work in multiple aspects of reproductive health. The list does not include implementing organizations for USAID-funded child survival programs, although some child survival programs include birthspacing and other reproductive health activities.

Programs in women's empowerment and gender equity	Key Implementing Partners: US-Based and International Organizations
Girls' and women's education	*Academy for Educational Development, Creative Associates, DevTech Systems, Institute for International Research, Juarez Associates, University of Massachusetts, World Education*
Women's legal rights and political participation	*The Asia Foundation, DevTech Systems, International Foundation for Electoral Systems, National Democratic Institute, Participa, Winrock International, Women, Law and Development International*
Women's economic opportunity, including microenterprise	*Agricultural Cooperative Development International, Chemonics, Development Alternatives International, Development Associates, DevTech, Harvard Institute for International Development, International Center for Research on Women, International Food Policy Research Institute, Management Systems International, Michigan State University, Ohio State University, Small Enterprise Education Promotion Network, TechnoServe, Weidemann Associates, Winrock International, World Council of Credit Unions*
Violence against women, including female genital mutilation, domestic violence, and sex trafficking	*The Asia Foundation, Centre for Development and Population Activities, Family Health International, International Center for Research on Women, Macro International, Pathfinder International, Population Council, Women, Law and Development International*
NGO capacity-building, especially for women's NGOs	*The Asia Foundation, Centre for Development and Population Activities, The Futures Group, International Center for Research on Women, Management Sciences for Health*
Fellows, consultants and technical advisors, training	*Academy for Educational Development, Centre for Development and Population Activities, Development Alternatives, DevTech Systems, The Futures Group, InterAction Commission on the Advancement of Women, International Center for Research on Women, Management Sciences for Health, University of Florida*

Environmental policy and natural resources management	
Technical Assistance, communications and research, policy	*Abt Associates, AG International Consulting Corporation, Chemonics International Inc., Consultative Group on Biological Diversity, Datex Inc., Harvard Institute for International Development, International City/County Management Association, International Resources Group Ltd., National Fish and Wildlife Foundation, PADCO Inc., Research Triangle Institute, Wildlife Conservation Society, University of Rhode Island, U.S. Department of Commerce National Oceanic and Atmospheric Administration, U.S. Department of Interior, U.S. Peace Corps,Winrock International, World Resources Institute, World Wildlife Fund*

Publications

The following is a selected list of USAID-funded publications which focus on central themes relating to the ICPD Program of Action. For a more complete listing, send a request to phn@usaid.gov or call (202) 712-0540.

Ashford, Lori S. "New Perspectives on Population: Lessons from Cairo." *Population Bulletin* 50, no. 1 Washington, D.C.: Population Reference Bureau, 1995.

Barnett, Barbara, and Jane Stein. *Women's Voices, Women's Lives: The Impact of Family Planning. A Synthesis of Findings from Women's Studies Project.* Research Triangle Park, NC: Family Health International, June 1998.

Bongaarts, John and Barney Cohen, eds. "Adolescent Reproductive Behavior in the Developing World." *Studies in Family Planning* 29, no. 2 (1998) (Special Issue Based on a National Academy of Sciences Workshop.).

Carr, Dara. *Female Genital Cutting: Findings from the Demographic and Health Surveys Program.* Calverton, Maryland: Macro International Inc., September 1997.

Drennan, M. "Reproductive Health: New Perspectives on Men's Participation." *Population Reports*, Series J, No. 46. Baltimore, Johns Hopkins University School of Public Health, Population Information Program, October 1998.

Hardee, Karen et al. *Post-Cairo Reproductive Health Policies and Programs: A Comparative Study of Eight Countries.* Washington, D.C.: The Futures Group POLICY Project, August 1998.

Hinrichsen, D. "Winning the Food Race." *Population Reports*, Series M, No. 13. Baltimore, Johns Hopkins University School of Public Health, Population Information Program, November 1997.

Implementing Reproductive Health Programmes: Report of a Donor Workshop. UK Overseas Development Administration and USAID, June 12-14, 1995. Washington, D.C.: USAID, 1995.

Labbok M., Murphy E., Koniz-Booher P., Coly S., and Cooney K. *Breastfeeding: Protecting a Natural Resource*. Washington D.C.: Institute for Reproductive Health, Georgetown University, 1995.

Long, Lynellyn D. and E. Maxine Ankrah, eds. *Women's Experiences with HIV/AIDS: An International Perspective.* New York: Columbia University Press, 1996.

Making Prevention Work: Global Lessons Learned from the AIDS Control and Prevention (AIDSCAP) Project 1991-1997. Arlington, VA: Family Health International, AIDSCAP, October 1997.

McCauley, A.P. and C. Salter. "Meeting the Needs of Young Adults."*Population Reports*, Series J, No. 41. Baltimore, Johns Hopkins University School of Public Health, Population Information Program, October 1995.

McDevitt, Thomas M. et al. *Trends in Adolescent Fertility and Contraceptive Use in the Developing World.* Washington D.C.: Bureau of the Census, March 1996.

Mehra, Rekha (ed.) et al. *Taking Women Into Account: Lessons Learned from NGO Project Experiences*. Washington, D.C.: International Center for Research on Women and InterAction, 1996.

Miller, Eric et al. *Contraceptive Safety: Rumors and Realities*. Second Edition. Washington, D.C.: Population Reference Bureau, 1998.

MotherCare Matters: Five Years of Learning and Action 1993-1998. A Compendium of Quarterly Newsletters and Literature Reviews on Maternal and Neonatal Health and Nutrition. Arlington, VA: John Snow, Inc., October 1998.

Robey, B., Ross, J., and Bhuhan, I. "Meeting Unmet Need: New Strategies." *Population Reports*, Series J, No. 43. Baltimore, Johns Hopkins University School of Public Health, Population Information Program, September 1996.

Salter, C., Johnston, H.B., and Hengen, N. "Care for Postabortion Complications: Saving Women's Lives." *Population Reports*, Series L, No. 10. Baltimore, Johns Hopkins School of Public Health, Population Information Program, September 1997.

Schuler, Margaret and Dorothy Thomas, eds. *Women's Human Rights Step by Step: A Practical Guide to Using International Human Rights Law and Mechanisms*. Washington, D.C.: Women, Law and Development International and Human Rights Watch, 1997.

Senderowitz, Judith. *Involving Youth in Reproductive Health Programs*. Washington, D.C.: FOCUS on Young Adults, 1998.

Shane, Barbara. *Family Planning Saves Lives*. Washington, D.C.: Population Reference Bureau, January 1997.

Shane, Barbara and Kate Chalkley. *From Research to Action: How Operations Research Is Improving Reproductive Health Services*. Washington, D.C.: Population Reference Bureau, March 1998.

Tsui, Amy O., Wasserheit J., Haaga J., eds. *Reproductive Health in Developing Countries: Expanding Dimensions, Building Solutions*. Washington, D.C.: National Academy Press, 1997.

Weiss, Ellen and Geeta Rao Gupta. *Bridging the Gap: Addressing Gender and Sexuality in HIV Prevention*. Washington, D.C.: International Center for Research on Women, 1998.

Yinger, Nancy. *Unmet Need for Family Planning: Reflecting Women's Perceptions*. Washington, D.C.: International Center for Research on Women, April 1998.

Websites on Population, Reproductive Health, and Gender

U.S. Agency for International Development
Center for Population, Health and Nutrition
(202) 712-0540
www.info.usaid.gov/pop_health
e-mail: phn@usaid.gov

Websites of Agencies Receiving USAID Funding:

Abt Associates, Inc.
www.abtassoc.com

Academy for Educational Development (AED)
www.aed.org

Alan Guttmacher Institute (AGI)
www.agi-usa.org

The Asia Foundation
www.asiafoundation.org

AVSC International
www.avsc.org

CARE
www.care.org

Carolina Population Center, University of North Carolina
www.cpc.unc.edu

Center for International Health Information (CIHI)
www.cihi.com

Center for Population and Family Health, Columbia University
cpmcnet.columbia.edu/dept/sph/popfam

Centre for Development and Population Activities (CEDPA)
www.cedpa.org

Contraceptive Research and Development Program (CONRAD)
www.conrad.org

Development Alternatives International (DAI)
www.dai.com

DevTech Systems
www.devtechsys.com

The East-West Center, Program on Population
www.ewc.hawaii.edu

Family Health International (FHI)
www.fhi.org

The Futures Group International
www.tfgi.com

Global Health Council (formerly National Council for International Health)
www.ncih.org

Harvard Institute for International Development
www.hiid.harvard.edu

InterAction
www.interaction.org

International Center for Research on Women
www.icrw.org

International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B)
www.icddrb.org.sg

International Life Sciences Institute
www.ilsi.org

International Planned Parenthood Federation (IPPF)
www.ippf.org

INTRAH, University of North Carolina
www.med.unc.edu/intrah/index.html

Ipas
www.ipas.org

Johns Hopkins Program for International Cooperation in Family Planning (JHPIEGO)
www.jhpiego.jhu.edu

Johns Hopkins University, Center for Communication Program
www.jhuccp.org/index.stm

John Snow, Inc. (JSI)
www.jsi.com

Joint United Nations Programme on HIV/AIDS (UNAIDS)
www.us.unaids.org

Linkages, International Institute for Sustainable Development
www.mbnet.mb.ca/linkages

Macro International, Inc. (Demographic & Health Surveys)
www.macroint.com

Management Sciences for Health
www.msh.org

Marie Stopes International
www.mariestopes.org.uk/index.html

Monitoring and Evaluation to Assess and Use Results (MEASURE) Program
www.measureprogram.org

National Academy of Sciences (NAS), Committee on Population
www2.nas.edu/cpop

Pan American Health Organization (PAHO)
www.paho.org

Pacific Institute for Women's Health
www.piwh.org

Pathfinder International
www.pathfind.org

POPLINE, Johns Hopkins University
www.jhuccp.org/popwel.stm

PopNet
www.popnet.org

Population Council
www.popcouncil.org

Population Reference Bureau (PRB)
www.prb.org/prb

Program for Appropriate Technology in Health (PATH)
www.path.org

Population Services International, Inc. (PSI)
www.psiwash.org

Research Triangle Institute,Center for International Development
www.rti.org/cid/cid.html

Save the Children
www.savethechildren.org

UN Children's Fund (UNICEF)
www.unicef.org

U.S. Bureau of the Census, International Program Center
www.census.gov/ipc/www

U.S. Centers for Disease Control and Prevention (CDC)
www.cdc.gov

Winrock International
www.winrock.org

Women, Law & Development International
www.wld.org

World Health Organization (WHO)
www.who.int

Other Websites:

Canadian International Development Agency (CIDA)
www.acdi-cida.gc.ca/index-e.htm

Japanese Organization for International Cooperation in Family Planning (JOICFP)
www.bekkoame.or.jp/i/joicfp

Partners in Population and Development: A South-South Initiative
www.bdonline.com/int_org/ppd

United Kingdom Department for International Development
www.dfid.gov.uk

UN Division for the Advancement of Women
www.un.org/womenwatch/daw

UN Population Fund (UNFPA)
www.unfpa.org

UN Population Information Network (POPIN)
www.undp.org/popin

U.S. Department of Health and Human Services
www.os.dhhs.gov

U.S. Department of State, Bureau of Population, Refugees, and Migration
www.state.gov/www/global/prm

U.S. Information Agency (USIA)
www.usia.gov/journals/journals.htm
www.usia.gov/topical/global/populate

World Bank
www.worldbank.org

For a more complete listing of websites, send a request to phn@usaid.gov

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